

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2008 through 01 31 2008

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 02 19 2008

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 16629.38 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 16629.38 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 96526.50 | 96526.50 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 113155.88 | 113155.88 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 82030.82 | 82030.82 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 31125.06 | 31125.06 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 71950.00 | 71950.00 |
| (i) Itemized (use Schedule A) | 24466.50 | 24466.50 |
| (ii) Unitemized | 96416.50 | 96416.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 96416.50 | 96416.50 |
| 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) | 110.00 | 110.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 96526.50 | 96526.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 96526.50 | 96526.50 |

DETAILED SUMMARY PAGE

of Disbursements

| 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..... | 70208.19 | 70208.19 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 70208.19 | 70208.19 |
| 22. Transfers to Affiliated/Other Party Committees..... | 5000.00 | 5000.00 |
| 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..... | 6822.63 | 6822.63 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 6822.63 | 6822.63 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 82030.82 | 82030.82 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 82030.82 | 82030.82 |

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 | 96416.50 | 96416.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 96416.50 | 96416.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 70208.19 | 70208.19 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 110.00 | 110.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 70098.19 | 70098.19 |

**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 6 / 45 |
| | <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) Annalee Abelson | | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 | | |
| | Mailing Address 26 Philips St. | | Transaction ID: 80115.C166787 | | |
| | City Andover | State MA | Zip Code 01810 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| | Name of Employer Ophthalmic Research Associates | Occupation Attorney | Aggregate Year-to-Date 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|----------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Mariann Appley | | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 | | |
| | Mailing Address 2 Commonwealth Avenue | | Transaction ID: 80115.C166793 | | |
| | City Boston | State MA | Zip Code 02116 | Amount of Each Receipt this Period 200.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| | Name of Employer Self Employed | Occupation Artist | Aggregate Year-to-Date 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Daniel Bathon | | Date of Receipt MM / DD / YYYY 01 / 04 / 2008 | | |
| | Mailing Address 23 Slocum Road | | Transaction ID: 80115.C167083 | | |
| | City Lexington | State MA | Zip Code 02421 | Amount of Each Receipt this Period 5000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| | Name of Employer Windspeed Ventures | Occupation Chairman | Aggregate Year-to-Date 5000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 45 |
| | <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) Martin Begien | | Date of Receipt |
| | Mailing Address 407 Warren Street | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Brookline | MA | 02445 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80130.C167262 |
| 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"/> 1000.00 |
| | | | Receipt |

| | | | |
|---|---|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) George Bennett | | Date of Receipt |
| | Mailing Address 712 Main St. | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 0 8 |
| | City | State | Zip Code |
| | Hingham | MA | 02043-3327 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80130.C167295 |
| 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"/> 200.00 |
| | | | Receipt |

| | | | |
|---|---|--------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Robert Brace | | Date of Receipt |
| | Mailing Address 9 Jackson Pond | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 3 / 2 0 0 8 |
| | City | State | Zip Code |
| | Dedham | MA | 02026 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80115.C166886 |
| 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"/> 500.00 |
| | | | Receipt |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1700.00 |
| 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 8 / 45
(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)
Edgar Bristol

Mailing Address 28 Union St

City State Zip Code
Foxborough MA 02035

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 8

Transaction ID: 80115.C166794

Amount of Each Receipt this Period
200.00

Receipt

B.

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

Mailing Address 28 Pinedale St.

City State Zip Code
Southbridge MA 01550

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

Name of Employer Hyde Group Inc Occupation Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: 80122.C167194

Amount of Each Receipt this Period
200.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Lawrence Cohn

Mailing Address 45 Single Tree Road

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Brigham & Womens Hospital Occupation Cardiac Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 8

Transaction ID: 80130.C167278

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 / 45 |
| | <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) John Cornish | | Date of Receipt MM / DD / YYYY 01 / 09 / 2008 | | |
| | Mailing Address 106 Clyde St. | | Transaction ID: 80115.C167103 | | |
| | City Newton | State MA | Zip Code 02467 | Amount of Each Receipt this Period 200.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| | Name of Employer Retired | Occupation Retired | Aggregate Year-to-Date 200.00 | | |

| | | | | | |
|-----------|---|-----------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Earle Craig | | Date of Receipt MM / DD / YYYY 01 / 30 / 2008 | | |
| | Mailing Address PO Box 2638 | | Transaction ID: 80130.C167386 | | |
| | City Midland | State TX | Zip Code 79702 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| | Name of Employer Independent Oil/Gas Producer | Occupation Self employed | Aggregate Year-to-Date 250.00 | | |

| | | | | | |
|-----------|---|----------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Michael Cronin | | Date of Receipt MM / DD / YYYY 01 / 03 / 2008 | | |
| | Mailing Address 72 Cliff Rd. | | Transaction ID: 80115.C166881 | | |
| | City Weston | State MA | Zip Code 02493 | Amount of Each Receipt this Period 10000.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt | | |
| | Name of Employer Weston Presidio | Occupation Venture Capitalist | Aggregate Year-to-Date 10000.00 | | |

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 10450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 45

(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 Danforth

Mailing Address 35 Farm Ln

City State Zip Code
Westwood MA 02090

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) ▼ 220.00

Date of Receipt

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

Transaction ID: 80115.C166795

Amount of Each Receipt this Period

220.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wesley Eaton

Mailing Address 304 Brooksby Village Drive
Unit 308

City State Zip Code
Peabody MA 01960

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 80130.C167301

Amount of Each Receipt this Period

2500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David Eckert

Mailing Address 22 Campbell Road

City State Zip Code
Wayland MA 01778

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

Name of Employer Occupation
Iron Age Corp. President and CEO

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

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: 80115.C167086

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3720.00

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 / 45

(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 Emery

Mailing Address 69 Common St.

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
SULLIVAN + WORCESTER LLP Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt

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

Transaction ID: 80115.C166833

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Emery

Mailing Address 69 Common St.

City State Zip Code
Dedham MA 02026

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

Name of Employer Occupation
SULLIVAN + WORCESTER LLP Lawyer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 80130.C167387

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jay Forrester

Mailing Address 80 Deaconess Road
Suite 442

City State Zip Code
Concord MA 01742

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
0 1 / 0 3 / 2 0 0 8

Transaction ID: 80115.C166884

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 45 |
| | <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) Arnold Garrison | | Date of Receipt |
| | Mailing Address 181 Pine Ridge Rd. | | <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Newton | MA | 02468 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80130.C167392 |
| 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" value="500.00"/> |
| | | | Receipt |

| | | | |
|---|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) John Glaser | | Date of Receipt |
| | Mailing Address 13 Putter Drive | | <input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Acton | MA | 01720-4221 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80115.C166796 |
| Name of Employer partners health care | | Occupation CIO | 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="200.00"/> |
| | | | Receipt |

| | | | |
|---|---|-----------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Madeline Gregory | | Date of Receipt |
| | Mailing Address 300 Summer St | | <input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Westwood | MA | 02090 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80122.C167260 |
| Name of Employer At Home | | Occupation At Home (Housewife) | 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="2500.00"/> |
| | | | Receipt |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="3200.00"/> |
| 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 13 / 45
(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)
Clark Griffith

Mailing Address PO Box 127

City Carver State MA Zip Code 02366

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 16 / 2008
Transaction ID: 80122.C167227
Amount of Each Receipt this Period 200.00
Receipt

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

Mailing Address 41 McGregory Rd.

City Sturbridge State MA Zip Code 01566

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

Name of Employer Hyde Manufacturing Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 15 / 2008
Transaction ID: 80122.C167173
Amount of Each Receipt this Period 750.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ralph Hawkins

Mailing Address 150 High St.

City Canton State MA Zip Code 02021

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

Name of Employer Hawkins Aero Engineering Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 16 / 2008
Transaction ID: 80122.C167192
Amount of Each Receipt this Period 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 45
(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)
William Hofmann

Mailing Address 223 Rutledge Road

City Belmont State MA Zip Code 02478

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

Name of Employer Self Employed Occupation insurance agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 80130.C167261
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Amory Houghton, Jr.

Mailing Address 80 East Market Street Suite 300

City Corning State NY Zip Code 14830

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2008
Transaction ID: 80130.C167321
Amount of Each Receipt this Period 1000.00
Receipt

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

Mailing Address 4 Beacon St.

City Mattapoisett State MA Zip Code 02739

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 31 / 2008
Transaction ID: 80131.C167493
Amount of Each Receipt this Period 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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 / 45
(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)
William Katz

Mailing Address 11 Sunset Rd

City State Zip Code
Weston MA 02493

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

Name of Employer
Ionics Inc.

Occupation
Chemical Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2008

Transaction ID: 80115.C166889

Amount of Each Receipt this Period
250.00

Receipt

B.

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

Mailing Address PO Box 2178

City State Zip Code
Littleton MA 01460

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 ▼
230.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2008

Transaction ID: 80115.C166792

Amount of Each Receipt this Period
230.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jonathan Lee

Mailing Address 35 Fisher Avenue

City State Zip Code
Brookline MA 02445

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

Name of Employer
Lee Capital Investments

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2008

Transaction ID: 80115.C166786

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5480.00**

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 / 45
(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)
Bart Littlefield
 Mailing Address 3 Crowell Farm Road
 City State Zip Code
 Concord MA 01742
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 4 / 2 0 0 8
Transaction ID: 80115.C167078
 Amount of Each Receipt this Period
 250.00
 Receipt
 Name of Employer Occupation
 First Choice Student Travel Travel Executive
 el
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Albert Merck
 Mailing Address 1010 Waltham St
 F-19
 City State Zip Code
 Lexington MA 02421-8048
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 8
Transaction ID: 80122.C167172
 Amount of Each Receipt this Period
 15000.00
 Receipt
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 15000.00

C. Full Name (Last, First, Middle Initial)
Albert Merck
 Mailing Address 1010 Waltham St
 F-19
 City State Zip Code
 Lexington MA 02421-8048
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 7 / 2 0 0 8
Transaction ID: 80122.C167232
 Amount of Each Receipt this Period
 -5000.00
 Memo
[MEMO ITEM]
 A. Merck, transfer of excess contrib from fed to non-fed
 Name of Employer Occupation
 Retired Retired
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 15000.00

SUBTOTAL of Receipts This Page (optional) ► 15250.00
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 / 45
(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)
Ann Murphy

Mailing Address 65 Helen Street

City State Zip Code
Waltham MA 02452

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

Name of Employer Occupation
GPC/ONeill & Assoc. Vice President, PR Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 80130.C167474

Amount of Each Receipt this Period
250.00

Receipt

B.

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

Mailing Address 67 Carriage Way

City State Zip Code
Sudbury MA 01776

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 80130.C167322

Amount of Each Receipt this Period
2500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Howard Pearce

Mailing Address 37 Monument St.

City State Zip Code
Wenham MA 01984

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

Name of Employer Occupation
Oxford Global Resources Vice President of IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 80130.C167385

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **2950.00**

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 18 / 45 |
| | <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) Lovett Peters | Date of Receipt MM / DD / YYYY 01 / 30 / 2008 |
| | Mailing Address 81 Old Orchard Rd. | Transaction ID: 80130.C167391 |
| | City State Zip Code Newton MA 02467 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Pioneer Institute Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Frank Pickering | Date of Receipt MM / DD / YYYY 01 / 17 / 2008 |
| | Mailing Address 18 Strawberry Hill Lane | Transaction ID: 80122.C167239 |
| | City State Zip Code Danvers MA 01923 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Retired Retired | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Michael Porter | Date of Receipt MM / DD / YYYY 01 / 09 / 2008 |
| | Mailing Address 44 Green Hill Rd. | Transaction ID: 80115.C167097 |
| | City State Zip Code Brookline MA 02445 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Harvard Business School Professor | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 6200.00 |
| 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 / 45
(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)
Thomas Raphael

Mailing Address 90 Grove St.

City Winchester State MA Zip Code 01890

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 01 / 09 / 2008
Transaction ID: 80115.C167104
Amount of Each Receipt this Period 200.00
Receipt

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

Mailing Address 119 Mt. Pleasant Ave.

City Gloucester State MA Zip Code 01930

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 24 / 2008
Transaction ID: 80130.C167279
Amount of Each Receipt this Period 2000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Rosemarie Scully

Mailing Address 30 Somerset St.

City Belmont State MA Zip Code 02478

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

Name of Employer Scully Signal Occupation Manufacturing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 25 / 2008
Transaction ID: 80130.C167302
Amount of Each Receipt this Period 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 3200.00

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 / 45
(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)
Jeffrey Sheehy

Mailing Address 330 South Main St.

City State Zip Code
Andover MA 01810

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

Name of Employer Occupation
Whittempre President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 80130.C167263

Amount of Each Receipt this Period
200.00

Receipt

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

Mailing Address 31 Lathrop Road

City State Zip Code
Wellesley MA 02482

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

Name of Employer Occupation
Kraematon Group President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 80131.C167499

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nancy Steinmann

Mailing Address 220 Boylston St.

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 80130.C167300

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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 / 45
(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)
Phil Stevens

Mailing Address 6 Partridge Ln.

City State Zip Code
Burlington MA 01803

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

Name of Employer Alarm Safe, Inc. Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2008

Transaction ID: 80115.C166997

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Donal Tobin

Mailing Address 55 Forbes Road

City State Zip Code
Westwood MA 02090-2221

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

Name of Employer The Gillette Co. Occupation Lawyer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2008

Transaction ID: 80130.C167289

Amount of Each Receipt this Period
500.00

Receipt

C.

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

Mailing Address 88 Brockton Ave

City State Zip Code
Haverhill MA 01830

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

Name of Employer Cedardale Inc. Occupation Owner/Operator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2008

Transaction ID: 80115.C166790

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 22 / 45 |
| | <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) Peter Voss | Date of Receipt MM / DD / YYYY 01 / 30 / 2008 |
| | Mailing Address One Charles Street South Apt 7-H | Transaction ID: 80130.C167389 |
| | City State Zip Code Boston MA 02116 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Jacques Wajsfelner | Date of Receipt MM / DD / YYYY 01 / 18 / 2008 |
| | Mailing Address 298 Concord Rd. | Transaction ID: 80122.C167248 |
| | City State Zip Code Weston MA 02493 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Constance V R White | Date of Receipt MM / DD / YYYY 01 / 02 / 2008 |
| | Mailing Address 68 Beacon St. | Transaction ID: 80115.C166827 |
| | City State Zip Code Boston MA 02108 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Homemaker Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| 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 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
E. Andrew Wilde

Mailing Address 1210 Greendale Ave.
Apt. E3

City Needham State MA Zip Code 02492

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 MM / DD / YYYY
01 / 28 / 2008

Transaction ID: 80130.C167327

Amount of Each Receipt this Period 500.00

Receipt

B.

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

Mailing Address 235 Walker St. Apt 252

City Lenox State MA Zip Code 01240

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 MM / DD / YYYY
01 / 02 / 2008

Transaction ID: 80115.C166788

Amount of Each Receipt this Period 300.00

Receipt

C.

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

Mailing Address 235 Walker St. Apt 252

City Lenox State MA Zip Code 01240

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 ▼ 600.00

Date of Receipt MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 80130.C167384

Amount of Each Receipt this Period 300.00

Receipt

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) | ▶ | 71950.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Patton Boggs LLP | Transaction ID: 80122.E10118 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address 2550 M. St. N.W. | |
| | City Washington State DC Zip Code 20037- | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement Legal Fee Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | LEGAL FEE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Cambridge Offset Printing | Transaction ID: 80115.E10109 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address 56 Creighton Street | |
| | City Cambridge State MA Zip Code 02140- | Amount of Each Disbursement this Period 4630.01 |
| | Purpose of Disbursement Printing 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) ▼ |
| | | PRINTING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Cambridge Offset Printing | Transaction ID: 80122.E10144 Date of Disbursement 01 / 15 / 2008 |
| | Mailing Address 56 Creighton Street | |
| | City Cambridge State MA Zip Code 02140- | Amount of Each Disbursement this Period 630.00 |
| | Purpose of Disbursement Printing 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) ▼ |
| | | PRINTING |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 6760.01 |
| 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)

PAGE 25 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Cambridge Offset Printing | Transaction ID: 80130.E10159 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address 56 Creighton Street | Amount of Each Disbursement this Period 829.50 |
| | City Cambridge State MA Zip Code 02140- Purpose of Disbursement Printing 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) ▼ | PRINTING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Css Castle Self-Storage | Transaction ID: 80115.E10108 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address 39 Old Colony Ave. | Amount of Each Disbursement this Period 319.00 |
| | City Boston State MA Zip Code 02127- Purpose of Disbursement Storage 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) ▼ | STORAGE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Css Castle Self-Storage | Transaction ID: 80130.E10156 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address 39 Old Colony Ave. | Amount of Each Disbursement this Period 319.00 |
| | City Boston State MA Zip Code 02127- Purpose of Disbursement Storage 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) ▼ | STORAGE |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1467.50 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: 80218.E10176 Date of Disbursement 01 / 28 / 2008 |
| | Mailing Address 39 Old Colony Ave. | Amount of Each Disbursement this Period 50.00 |
| | City Boston State MA Zip Code 02127- | |
| | Purpose of Disbursement Storage | Category/Type STORAGE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) CPMA, Inc. | Transaction ID: 80218.E10174 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address 84 Prescott St. Suite 21 | Amount of Each Disbursement this Period 2500.00 |
| | City Cambridge State MA Zip Code 02138- | |
| | Purpose of Disbursement Political Consulting | Category/Type POLITICAL CONSULTING |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Hui Jojo Deng | Transaction ID: 80115.E10104 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address 117 Beaconsfield Road | Amount of Each Disbursement this Period 363.00 |
| | City Brookline State MA Zip Code 02445- | |
| | Purpose of Disbursement Accounting Service | Category/Type ACCOUNTING SERVICE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

SUBTOTAL of Disbursements This Page (optional) ▶

2913.00

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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) Federal Express (Fed Ex) | Transaction ID: 80115.E10106 Date of Disbursement |
| | Mailing Address PO Box 371461 | <input type="text" value="01"/> <input type="text" value="03"/> / <input type="text" value="2008"/> |
| | City Pittsburgh State PA Zip Code 15250- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Express Mail | <input type="text" value="31.52"/> |
| | 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) ▼ |
| | | EXPRESS MAIL |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80122.E10142 Date of Disbursement |
| | Mailing Address PO Box 371461 | <input type="text" value="01"/> <input type="text" value="15"/> / <input type="text" value="2008"/> |
| | City Pittsburgh State PA Zip Code 15250- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Express Mail | <input type="text" value="55.84"/> |
| | 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) ▼ |
| | | EXPRESS MAIL |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Federal Express (Fed Ex) | Transaction ID: 80218.E10171 Date of Disbursement |
| | Mailing Address PO Box 371461 | <input type="text" value="01"/> <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City Pittsburgh State PA Zip Code 15250- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Express Mail | <input type="text" value="49.84"/> |
| | 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) ▼ |
| | | EXPRESS MAIL |

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 45

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Guardian Guardian | Transaction ID: 80115.E10085 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address Boston Group Office 1 Liberty Square | Amount of Each Disbursement this Period 408.56 |
| | City Boston State MA Zip Code 02109- | |
| | Purpose of Disbursement Insurance | INSURANCE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Bruce Harrison | Transaction ID: 80122.E10115 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address 101 Elm St | Amount of Each Disbursement this Period 1000.00 |
| | City Wakefield State MA Zip Code 01880- | |
| | Purpose of Disbursement Payroll-Administration | PAYROLL-ADMINISTRATION |
| | 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) HPH Inc. Harvard Pilgram Heal | Transaction ID: 80115.E10105 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address 1200 Crown Colony Dr. | Amount of Each Disbursement this Period 2064.86 |
| | City Quincy State MA Zip Code 02169- | |
| | Purpose of Disbursement Health Insurance | HEALTH INSURANCE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 3473.42 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City Quincy State MA Zip Code 02169- Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80130.E10155 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2064.86 Category/Type HEALTH INSURANCE |
| B. Full Name (Last, First, Middle Initial) Intranets.Com Intranets.Com Mailing Address PO Box 414725 City Boston State MA Zip Code 02241-4725 Purpose of Disbursement Computer Server 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: 80218.E10166 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 1279.46 Category/Type COMPUTER SERVER |
| C. Full Name (Last, First, Middle Initial) Lyndsay Jones Mailing Address 16 Oval Road City Quincy State MA Zip Code 02170- Purpose of Disbursement Reimbursement: See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80130.E10149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 278.00 Category/Type REIMBURSEMENT: SEE BELOW |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3622.32 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 30 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Delta Airline | Transaction ID: 80130.E10150 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address web address only- www.delta.com | Amount of Each Disbursement this Period 219.00 |
| | City Boston State MA Zip Code 02114- Purpose of Disbursement L. Jones Reimbursement for Airfair 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: L. JONES REIMBURSEMENT FOR AIRFAIR |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Lexis-Nexis | Transaction ID: 80115.E10102 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address PO Box 7247-7090 | Amount of Each Disbursement this Period 1000.00 |
| | City Philadelphia State PA Zip Code 19170- Purpose of Disbursement Research 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) ▼ | RESEARCH |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) mindShift Technologies, Inc. | Transaction ID: 80122.E10117 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address PO Box 200105 | Amount of Each Disbursement this Period 696.00 |
| | City Pittsburgh State PA Zip Code 15251- Purpose of Disbursement Computer Network 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) ▼ | COMUPTER NETWORK |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1696.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 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) Konica Minolta Business Systems Mailing Address P.O. Box 7247-0322 City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement Copier Rental 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: 80115.E10103 Date of Disbursement 01 / 03 / 2008 | Amount of Each Disbursement this Period 1509.54 |
| | | | COPIER RENTAL |
| B. | Full Name (Last, First, Middle Initial) Konica Minolta Business Systems Mailing Address P.O. Box 7247-0322 City Philadelphia State PA Zip Code 19170-0322 Purpose of Disbursement Copier rental 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: 80122.E10140 Date of Disbursement 01 / 15 / 2008 | Amount of Each Disbursement this Period 730.51 |
| | | | COPIER RENTAL |
| C. | Full Name (Last, First, Middle Initial) Ox-Eye Properties Mailing Address c/o Massey & Co. 85 Merrimac Street City Boston State MA Zip Code 02114- Purpose of Disbursement Rent and Utility 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: 80115.E10100 Date of Disbursement 01 / 03 / 2008 | Amount of Each Disbursement this Period 4352.18 |
| | | | RENT AND UTILITY |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6592.23 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent</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: 80122.E10114</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3965.00</p> <p>RENT</p> |
| <p>B. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent</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: 80218.E10173</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 3695.00</p> <p>RENT</p> |
| <p>C. Full Name (Last, First, Middle Initial) Paychex/InterPay</p> <p>Mailing Address PO Box 8295</p> <p>City Boston State MA Zip Code 02266-</p> <p>Purpose of Disbursement Payroll Taxes</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: 80122.E10132</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2129.91</p> <p>PAYROLL TAXES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

9789.91

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: 80122.E10131 Date of Disbursement 01 / 10 / 2008 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 961.54 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement Payroll-401 K 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-401 K |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Paychex/InterPay | Transaction ID: 80130.E10164 Date of Disbursement 01 / 24 / 2008 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 1153.85 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement Payroll-401 K 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-401 K |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Paychex/InterPay | Transaction ID: 80130.E10163 Date of Disbursement 01 / 24 / 2008 |
| | Mailing Address PO Box 8295 | Amount of Each Disbursement this Period 2288.71 |
| | City Boston State MA Zip Code 02266- | |
| | Purpose of Disbursement Payroll Taxes Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL TAXES |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 4404.10 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 34 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) JFK/New Chardon Stre Postmaster- | Transaction ID: 80122.E10145 Date of Disbursement |
| | Mailing Address 25 New Chardon Street | <input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2008"/> |
| | City Boston State MA Zip Code 02114- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Postage | <input type="text" value="500.00"/> |
| | 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) ▼ |
| | | POSTAGE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Jodys Quik Print | Transaction ID: 80122.E10116 Date of Disbursement |
| | Mailing Address P.O. Box 1068 | <input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2008"/> |
| | City Middleton State MA Zip Code 01949- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Printing | <input type="text" value="111.19"/> |
| | 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) ▼ |
| | | PRINTING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Jodys Quik Print | Transaction ID: 80122.E10141 Date of Disbursement |
| | Mailing Address P.O. Box 1068 | <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
| | City Middleton State MA Zip Code 01949- | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Printing | <input type="text" value="1071.90"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PRINTING |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1683.09"/> |
| 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)

PAGE 35 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) RIM Research In Motion | Transaction ID: 80122.E10122 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address 122 West John Capreter Parkway | Amount of Each Disbursement this Period 21.45 |
| | City Irving State TX Zip Code 75039- | |
| | Purpose of Disbursement Research | RESEARCH |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80115.E10101 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | Amount of Each Disbursement this Period 2000.00 |
| | City Jaffrey State NH Zip Code 03452- | |
| | Purpose of Disbursement Direct Mail and Telemarketing | DIRECT MAIL AND TELEMARKE- TING |
| | 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) SCM Associates | Transaction ID: 80122.E10125 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | Amount of Each Disbursement this Period 7042.00 |
| | City Jaffrey State NH Zip Code 03452- | |
| | Purpose of Disbursement Direct Mail and Telemarketing | DIRECT MAIL AND TELEMARKE- TING |
| | 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) ▶

9063.45

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) SCM Associates | Transaction ID: 80122.E10126 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | |
| | City Jaffrey State NH Zip Code 03452- | Amount of Each Disbursement this Period 5500.00 |
| | Purpose of Disbursement Direct Mail and Telemarketing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80122.E10124 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | |
| | City Jaffrey State NH Zip Code 03452- | Amount of Each Disbursement this Period 2100.00 |
| | Purpose of Disbursement Direct Mail and Telemarketing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80122.E10139 Date of Disbursement 01 / 15 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | |
| | City Jaffrey State NH Zip Code 03452- | Amount of Each Disbursement this Period 850.00 |
| | Purpose of Disbursement Direct Mail and Telemarketing Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

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| SUBTOTAL of Disbursements This Page (optional) | 8450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 45

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80130.E10154 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | Amount of Each Disbursement this Period 2391.93 |
| | City Jaffrey State NH Zip Code 03452- | |
| | Purpose of Disbursement Direct Mail and Telemarketing | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) SCM Associates | Transaction ID: 80218.E10175 Date of Disbursement 01 / 24 / 2008 |
| | Mailing Address Steve Meyers PO Box 720 | Amount of Each Disbursement this Period 713.98 |
| | City Jaffrey State NH Zip Code 03452- | |
| | Purpose of Disbursement Direct Mail and Telemarketing | 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) ▼ |
| | | DIRECT MAIL AND TELEMARKETING |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Staples, Inc. | Transaction ID: 80115.E10095 Date of Disbursement 01 / 03 / 2008 |
| | Mailing Address Staples Credit Plan Dept. 80 - 0088936796 | Amount of Each Disbursement this Period 214.41 |
| | 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 |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 3320.32 |
| 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: 80218.E10172 Date of Disbursement 01 / 28 / 2008 |
| | Mailing Address Staples Credit Plan Dept. 80 - 0088936796 | Amount of Each Disbursement this Period 373.43 |
| | City Des Moines | State IA |
| | Zip Code 50368-9020 | Category/ Type |
| | Purpose of Disbursement Office Supplies | OFFICE SUPPLIES |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) T-Mobile T-Mobile | Transaction ID: 80122.E10123 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address PO Box 790047 | Amount of Each Disbursement this Period 437.61 |
| | City Saint Louis | State MO |
| | Zip Code 63179- | Category/ Type |
| | Purpose of Disbursement Phone Services | PHONE SERVICES |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80122.E10119 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address 1 Stony Brook Road | Amount of Each Disbursement this Period 1349.49 |
| | City Chelmsford | State MA |
| | Zip Code 01863- | Category/ Type |
| | Purpose of Disbursement Reimbursement: See Below | REIMBURSEMENT: SEE BELOW |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

SUBTOTAL of Disbursements This Page (optional) ▶

2160.53

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)
JFK/New Chardon Stre Postmaster-

Mailing Address 25 New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
P.Torkildsens reimbursement for Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80122.E10120
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: P. TORKILDSSENS REIMBURSEMENT FOR POSTAGE

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

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80130.E10151
Date of Disbursement

/ /

Amount of Each Disbursement this Period

REIMBURSEMENT: SEE BELOW

C. Full Name (Last, First, Middle Initial)
JFK/New Chardon Stre Postmaster-

Mailing Address 25 New Chardon Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
P. Torkildsens Reimbursement for Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80130.E10153
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: P. TORKILDSSENS REIMBURSEMENT FOR POSTAGE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 45

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 Internet Ser | Transaction ID: 80130.E10152 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address PO Box 101096 | Amount of Each Disbursement this Period 1535.24 |
| | City Atlanta State GA Zip Code 30392- | |
| | Purpose of Disbursement P. Torkildsens Reimbursement for Internet Service | [MEMO ITEM] MEMO: P. TORKILDSSENS REIM- BURSEMENT FOR INTERNET SE- RVICE |
| | 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: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Peter Torkildsen | Transaction ID: 80218.E10168 Date of Disbursement 01 / 28 / 2008 |
| | Mailing Address 1 Stony Brook Road | Amount of Each Disbursement this Period 1064.80 |
| | City Chelmsford State MA Zip Code 01863- | |
| | Purpose of Disbursement Reimbursement: See Below | REIMBURSEMENT: SEE BELOW |
| | 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: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) US House of Representative | Transaction ID: 80218.E10170 Date of Disbursement 01 / 28 / 2008 |
| | Mailing Address Long Worth BLDG | Amount of Each Disbursement this Period 297.18 |
| | City Washington State DC Zip Code 20515- | |
| | Purpose of Disbursement P.Torkildsenss Reimbursement for Gift to Donors | [MEMO ITEM] MEMO: P.TORKILDSSENSS REIM- BURSEMENT FOR GIFT TO DON- ORS |
| | 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: | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1064.80 |
| 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)

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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) Verizon- Verizon Internet Ser Mailing Address PO Box 101096 City Atlanta State GA Zip Code 30392- Purpose of Disbursement P.Torkildsens Reimbursement for Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80218.E10169 Date of Disbursement 01 / 28 / 2008 |
| | Amount of Each Disbursement this Period 767.62 [MEMO ITEM] MEMO: P.TORKILDSENS REIMBURSEMENT FOR INTERNET SERVICE |
| B. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1 City Worcester State MA Zip Code 01654- Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80122.E10138 Date of Disbursement 01 / 15 / 2008 |
| | Amount of Each Disbursement this Period 402.91 PHONE |

SUBTOTAL of Disbursements This Page (optional)

402.91

TOTAL This Period (last page this line number only)

69561.03

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 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

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
A. Merck transfer of excess contrib from fed to non-fed

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80122.E10136

Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 45

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <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) Lyndsay Jones</p> <p>Mailing Address 16 Oval Road</p> <p>City Quincy State MA Zip Code 02170-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80122.E10128</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1238.63</p> <p>PAYROLL</p> |
| <p>B.</p> <p>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 Payroll</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: 80130.E10160</p> <p>Date of Disbursement 01 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1260.12</p> <p>PAYROLL</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Peter Torkildsen</p> <p>Mailing Address 1 Stony Brook Road</p> <p>City Chelmsford State MA Zip Code 01863-</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80122.E10129</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 681.91</p> <p>PAYROLL</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3180.66

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) Peter Torkildsen <hr/> Mailing Address 1 Stony Brook Road <hr/> City Chelmsford State MA Zip Code 01863- <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: 80130.E10161 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 805.75 <hr/> PAYROLL |
| B. | Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80122.E10130 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1405.70 <hr/> PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Robert Willington <hr/> Mailing Address 12 Arlington Street <hr/> City Reading State MA Zip Code 01867- <hr/> Purpose of Disbursement 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: 80130.E10162 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1430.52 <hr/> PAYROLL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3641.97 |
| TOTAL This Period (last page this line number only) ▶ | 6822.63 |

Image# 28930597954

Form/Schedule: **F3XN**

Transaction ID:

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