

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2011 through 05 31 2011

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 08 16 2011

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		191359.55
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	89913.25									
(c) Total Receipts (from Line 19)	18104.97	168856.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108018.22	360216.17								
7. Total Disbursements (from Line 31)	43516.46	295714.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64501.76	64501.76								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9337.16	68761.68
(ii) Unitemized	8142.81	94289.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17479.97	163051.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	625.00	5805.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18104.97	168856.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18104.97	168856.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18104.97	168856.62

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.....	43516.46	295714.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	43516.46	295714.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	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	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43516.46	295714.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43516.46	295714.41

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)	18104.97	168856.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18104.97	168856.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	43516.46	295714.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	43516.46	295714.41

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

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

FOR LINE NUMBER: PAGE 6 / 32
(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)
CHRISTINA BAIN

Mailing Address 22 RAYMOND STREET

City State Zip Code
MANCHESTER MA 01944-1613

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

Name of Employer Occupation
HARVARD UNIVERSITY PROGRAM DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11.185255

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL BROCKELMAN

Mailing Address 127 HIGHLAND ST.

City State Zip Code
HOLDEN MA 01520-2560

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

Name of Employer Occupation
BOWDITCH & DEWEY ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2011

Transaction ID: SA11.185322

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHAWN BURKE

Mailing Address 65 TIBBITES TOWN WAY

City State Zip Code
BOSTON MA 02129

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

Name of Employer Occupation
CITY OF BOSTON REP ELECTION COMMISSIONER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11.185209

Amount of Each Receipt this Period
45.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1120.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 32
(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)
SHAWN BURKE

Mailing Address 65 TIBBITES TOWN WAY

City State Zip Code
BOSTON MA 02129

FEC ID number of contributing federal political committee. C

Name of Employer CITY OF BOSTON Occupation REP ELECTION COMMISSIONER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt M M / D D / Y Y Y Y
05 / 10 / 2011

Transaction ID: SA11.185258

Amount of Each Receipt this Period 75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTER CONWAY

Mailing Address 16 ORIENT PLACE

City State Zip Code
MELROSE MA 02176-3211

FEC ID number of contributing federal political committee. C

Name of Employer TRACK ON EQUIPMENT Occupation OWNER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
05 / 05 / 2011

Transaction ID: SA11.185211

Amount of Each Receipt this Period 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JODY DOW

Mailing Address 71 LEICESTER ST

City State Zip Code
BROOKLINE MA 02445-5718

FEC ID number of contributing federal political committee. C

Name of Employer DR. ELIAS DOW Occupation OFFICE MANAGER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt M M / D D / Y Y Y Y
05 / 10 / 2011

Transaction ID: SA11.185269

Amount of Each Receipt this Period 100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT GOLDFARB

Mailing Address 25 SPYGLASS LANDING DRIVE

City State Zip Code
MARSHFIELD MA 02050-6806

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 03 / 2011

Transaction ID: SA11.185172

Amount of Each Receipt this Period 500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS HAZEN

Mailing Address 20 BAYON DR. APT. 130

City State Zip Code
SOUTH HADLEY MA 01075-3340

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 25 / 2011

Transaction ID: SA11.185333

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEPHEN JEFFRIES

Mailing Address 12 BRIMMER ST.

City State Zip Code
BOSTON MA 02108-1002

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
S.B. JEFFRIES CONSULTANTS PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 555.56

Date of Receipt MM / DD / YYYY
05 / 02 / 2011

Transaction ID: SA11.185156

Amount of Each Receipt this Period 277.78

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1277.78

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 / 32
	<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) JEANNE KANGAS	Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 959 HILL RD	Transaction ID: SA11.185274
	City State Zip Code BOXBOROUGH MA 01719-1012	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation ARNOLD & KANGAS, P.C. LAWYER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5850.00	

B.	Full Name (Last, First, Middle Initial) RONALD KAUFMAN	Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 401 SIXTH STREET, SE	Transaction ID: SA11.185264
	City State Zip Code WASHINGTON DC 20003-2704	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation THE DUTKO GROUP CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

C.	Full Name (Last, First, Middle Initial) BRAD MARSTON	Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 90 BEACON STREET #2	Transaction ID: SA11.185259
	City State Zip Code BOSTON MA 02108-3311	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
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 / 32
(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)
AZ PAC

Mailing Address 1800 CONCORD PIKE
P.O. BOX 15438

City State Zip Code
WILMINGTON DE 19850

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

Name of Employer Occupation
ZENECA PAC

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11.185321

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM RIEGEL

Mailing Address 14 SURPLUS ROAD

City State Zip Code
DUXBURY MA 02332-4532

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 ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11.185277

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CIT VENDOR FINANCE

Mailing Address 10201 CENTURION PKWAY N
100

City State Zip Code
JACKSONVILLE FL 32256-4114

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

Name of Employer Occupation
CIT VENDOR FINANCE FINANCE

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
764.38

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11.185320

Amount of Each Receipt this Period
764.38

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **6164.38**

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 / 32	
	(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"/> 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) NATHANIEL WALTON		Date of Receipt																					
	Mailing Address 344 OCEAN AVENUE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	5		2	0	1	1														
	City State Zip Code MARBLEHEAD MA 01945-3706		Transaction ID: SA11.185199																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																					
Name of Employer Occupation N/A STUDENT		CONTRIBUTION																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
Aggregate Year-to-Date ▼ 225.00																								

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	9337.16

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

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

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

A.

Full Name (Last, First, Middle Initial)
PERRY COMMITTEE

Mailing Address PO BOX 1435

City SANDWICH State MA Zip Code 02563-1435

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 10 / 2011
Transaction ID: SA11.185273
 Amount of Each Receipt this Period: 225.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PAC

Mailing Address PO BOX 346

City BEDFORD State MA Zip Code 01730-0346

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 09 / 2011
Transaction ID: SA11.185246
 Amount of Each Receipt this Period: 400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	625.00

**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) JODY BLAIS	Transaction ID: SB.85 Date of Disbursement 05 / 01 / 2011
	Mailing Address 1420 COUNTY STREET	Amount of Each Disbursement this Period 95.00
	City ATTLEBORO State MA Zip Code 02703	
	Purpose of Disbursement REIMBURSEMENT FOR BOOTCAMP Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY	Transaction ID: SB.142 Date of Disbursement 05 / 10 / 2011
	Mailing Address 55 W BROADWAY #8	Amount of Each Disbursement this Period 118.70
	City SOUTH BOSTON State MA Zip Code 02127	
	Purpose of Disbursement REIMBURSEMENT - PHONE EXPENSES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB.152 Date of Disbursement 05 / 10 / 2011
	Mailing Address PO BOX 15062	Amount of Each Disbursement this Period 118.70
	City ALBANY State NY Zip Code 12212	
	Purpose of Disbursement PHONE EXPENSES 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]

SUBTOTAL of Disbursements This Page (optional) ▶

213.70

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) TIMOTHY BUCKLEY</p> <p>Mailing Address 55 W BROADWAY #8</p> <p>City SOUTH BOSTON State MA Zip Code 02127</p> <p>Purpose of Disbursement NET SALARY</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: SB.143 Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1083.01</p>
<p>B. Full Name (Last, First, Middle Initial) TIMOTHY BUCKLEY</p> <p>Mailing Address 55 W BROADWAY #8</p> <p>City SOUTH BOSTON State MA Zip Code 02127</p> <p>Purpose of Disbursement NET SALARY</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: SB.144 Date of Disbursement 05 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1083.01</p>
<p>C. Full Name (Last, First, Middle Initial) AMANDA CODY</p> <p>Mailing Address 73 ABBOTT AVENUE</p> <p>City EVERETT State MA Zip Code 02149</p> <p>Purpose of Disbursement NET SALARY</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: SB.10 Date of Disbursement 05 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 940.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3106.07

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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) AMANDA CODY	Transaction ID: SB.4 Date of Disbursement 05 / 06 / 2011
	Mailing Address 73 ABBOTT AVENUE	
	City EVERETT State MA Zip Code 02149	Amount of Each Disbursement this Period 342.18
	Purpose of Disbursement REIMBURSEMENT - TAXI, OFFICE SUPPLIES, E Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HYSIL & PARTY OUTLET	Transaction ID: SB.159 Date of Disbursement 05 / 06 / 2011
	Mailing Address 339 SQUIRE ROAD	
	City REVERE State MA Zip Code 02151	Amount of Each Disbursement this Period 12.25
	Purpose of Disbursement EVENT SUPPLIES 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]

C.	Full Name (Last, First, Middle Initial) METRO CAB	Transaction ID: SB.156 Date of Disbursement 05 / 06 / 2011
	Mailing Address 120 BRAINTREE ST	
	City ALLSTON State MA Zip Code 02134	Amount of Each Disbursement this Period 9.70
	Purpose of Disbursement TAXI EXPENSE 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]

SUBTOTAL of Disbursements This Page (optional)	▶	342.18
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)
SALEM ST. TRUE VALUE

Mailing Address **89 SALEM ST**

City **BOSTON** State **MA** Zip Code **02113**

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.158
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STOP & SHOP

Mailing Address **540 SQUIRE ROAD**

City **REVERE** State **MA** Zip Code **02151**

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.157
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
USPS

Mailing Address **JFK STATION**

City **BOSTON** State **MA** Zip Code **02114**

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB.155
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) AMANDA CODY	Transaction ID: SB.5 Date of Disbursement 05 / 06 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 98.84
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement REIMBURSEMENT - PHONE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS	Transaction ID: SB.150 Date of Disbursement 05 / 06 / 2011
	Mailing Address PO Box 15062	Amount of Each Disbursement this Period 98.84
	City ALBANY State NY Zip Code 12212	
	Purpose of Disbursement PHONE 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]

C.	Full Name (Last, First, Middle Initial) AMANDA CODY	Transaction ID: SB.6 Date of Disbursement 05 / 10 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 916.66
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement NET SALARY Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1015.50

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)

<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) AMANDA CODY	Transaction ID: SB.8 Date of Disbursement 05 / 11 / 2011
	Mailing Address 73 ABBOTT AVENUE	Amount of Each Disbursement this Period 12.61
	City EVERETT State MA Zip Code 02149	
	Purpose of Disbursement REIMBURSEMENT - POSTAGE	
	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) USPS	Transaction ID: SB.149 Date of Disbursement 05 / 11 / 2011
	Mailing Address JFK STATION	Amount of Each Disbursement this Period 12.61
	City BOSTON State MA Zip Code 02110	
	Purpose of Disbursement POSTAGE	
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ANTONY FERRUCCI	Transaction ID: SB.16 Date of Disbursement 05 / 10 / 2011
	Mailing Address 62 DWIGHT STREET, APT 1	Amount of Each Disbursement this Period 916.77
	City BROOKLINE State MA Zip Code 02446	
	Purpose of Disbursement NET SALARY	
	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)	929.38
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 19 / 32

<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) ANTONY FERRUCCI</p> <p>Mailing Address 62 DWIGHT STREET, APT 1</p> <p>City BROOKLINE State MA Zip Code 02446</p> <p>Purpose of Disbursement NET SALARY</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: SB.17</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="916.77"/></p>
<p>B. Full Name (Last, First, Middle Initial) NATHAN LITTLE</p> <p>Mailing Address 83 CONGREVE</p> <p>City W ROXBURY State MA Zip Code 02132</p> <p>Purpose of Disbursement REIMBURSEMENT - PHONE AND ENTERTAINMENT</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: SB.100</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="387.18"/></p>
<p>C. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address PO BOX 536216</p> <p>City ATLANTA State GA Zip Code 30353</p> <p>Purpose of Disbursement PHONE EXPENSES</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: SB.153</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="167.18"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) JENNIFER NASSOUR	Transaction ID: SB.81 Date of Disbursement 05 / 03 / 2011
	Mailing Address 49 CHELSEA STREET	Amount of Each Disbursement this Period 9.00
	City CHARLESTOWN State MA Zip Code 02129--380	
	Purpose of Disbursement TAXI EXPENSE	
	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) METRO CAB	Transaction ID: SB.151 Date of Disbursement 05 / 03 / 2011
	Mailing Address 120 BRAINTREE ST	Amount of Each Disbursement this Period 9.00
	City ALLSTON State MA Zip Code 02134	
	Purpose of Disbursement TAXI EXPENSE	
	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:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ADVANTAGE PAYROLL SERVICES	Transaction ID: SB.1 Date of Disbursement 05 / 10 / 2011
	Mailing Address P.O. BOX 1330	Amount of Each Disbursement this Period 1971.81
	City AUBURN State ME Zip Code 04211	
	Purpose of Disbursement PAYROLL TAXES	
	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)	▶	1980.81
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 32

<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) ADVANTAGE PAYROLL SERVICES	Transaction ID: SB.2
	Mailing Address P.O. BOX 1330	Date of Disbursement 05 / 10 / 2011
	City AUBURN State ME Zip Code 04211	Amount of Each Disbursement this Period 76.89
	Purpose of Disbursement PAYROLL PROCESSING FEES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB.13
	Mailing Address P.O. BOX 1270	Date of Disbursement 05 / 05 / 2011
	City NEWARK State NJ Zip Code 07101--127	Amount of Each Disbursement this Period 4.54
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ARI FLEISCHER COMMUNICATIONS, INC	Transaction ID: SB.18
	Mailing Address PO BOX 115	Date of Disbursement 05 / 23 / 2011
	City POUND RIDGE State NY Zip Code 01576	Amount of Each Disbursement this Period 984.53
	Purpose of Disbursement EVENT TRAVELING EXPENSES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1065.96
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 23 / 32

<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) AUTHORIZE.NET	Transaction ID: SB.22 Date of Disbursement 05 / 03 / 2011
	Mailing Address P.O. BOX 8999	Amount of Each Disbursement this Period 15.00
	City SAN FRANCISCO State CA Zip Code 94128	
	Purpose of Disbursement CC PROCESSING FEES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.27 Date of Disbursement 05 / 02 / 2011
	Mailing Address PO BOX 25118	Amount of Each Disbursement this Period 49.99
	City TAMPA State FL Zip Code 33622	
	Purpose of Disbursement CC PROCESSING FEE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.28 Date of Disbursement 05 / 02 / 2011
	Mailing Address PO BOX 25118	Amount of Each Disbursement this Period 74.99
	City TAMPA State FL Zip Code 33622	
	Purpose of Disbursement CC PROCESSING FEE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	139.98
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<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) BANK OF AMERICA\FLEET BANK	Transaction ID: SB.29
	Mailing Address PO BOX 25118	Date of Disbursement MM / DD / YYYY 05 / 02 / 2011
	City TAMPA State FL Zip Code 33622	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement CC PROCESSING FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BFSDANIELS	Transaction ID: SB.32
	Mailing Address 12 CHANNEL STREET	Date of Disbursement MM / DD / YYYY 05 / 26 / 2011
	City BOSTON State MA Zip Code 02210	Amount of Each Disbursement this Period 6198.38
	Purpose of Disbursement EVENT INVITATIONS AND POSTAGE - Party On	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BYTEBULB	Transaction ID: SB.41
	Mailing Address PO BOX 51896	Date of Disbursement MM / DD / YYYY 05 / 03 / 2011
	City BOSTON State MA Zip Code 02205	Amount of Each Disbursement this Period 2498.86
	Purpose of Disbursement DIRECT MAIL EXPENSES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8722.24
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 / 32

<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) ELAVON <hr/> Mailing Address ONE CONCOURSE PARKWAY, SUITE 300 <hr/> City ATLANTA State GA Zip Code 30328 Purpose of Disbursement CC PROCESSING FEE 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: SB.54 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period _____ 116.06
B.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address P.O. BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250--746 Purpose of Disbursement SHIPPING EXPENSE 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: SB.65 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1	Amount of Each Disbursement this Period _____ 20.57
C.	Full Name (Last, First, Middle Initial) FEDEX <hr/> Mailing Address P.O. BOX 371461 <hr/> City PITTSBURGH State PA Zip Code 15250--746 Purpose of Disbursement SHIPPING EXPENSE 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: SB.66 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 1 1	Amount of Each Disbursement this Period _____ 34.91

SUBTOTAL of Disbursements This Page (optional) ▶	171.54
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 32

<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) FEDEX	Transaction ID: SB.67 Date of Disbursement 05 / 18 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 34.91
	Purpose of Disbursement SHIPPING EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.68 Date of Disbursement 05 / 23 / 2011
	Mailing Address P.O. BOX 371461	
	City PITTSBURGH State PA Zip Code 15250--746	Amount of Each Disbursement this Period 19.87
	Purpose of Disbursement SHIPPING EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ICONTACT	Transaction ID: SB.72 Date of Disbursement 05 / 03 / 2011
	Mailing Address 5221 PARAMOUNT PARKWAY	
	City MORRISVILLE State NC Zip Code 27560	Amount of Each Disbursement this Period 149.00
	Purpose of Disbursement EMAIL BLAST EXPENSE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

203.78

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) IMPROV ASYLUM	Transaction ID: SB.75
	Mailing Address 216 HANOVER STREET	Date of Disbursement MM / DD / YYYY 05 / 04 / 2011
	City BOSTON State MA Zip Code 02113	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement EVENT ROOM RENTAL - Party Only	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTUIT QB ONLINE	Transaction ID: SB.78
	Mailing Address 2700 COAST AVENUE	Date of Disbursement MM / DD / YYYY 05 / 05 / 2011
	City MOUNTAIN VIEW State CA Zip Code 94943	Amount of Each Disbursement this Period 37.13
	Purpose of Disbursement ACCOUNTING SYSTEM FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KAUPPI COMMUNICATIONS	Transaction ID: SB.88
	Mailing Address PO BOX 152	Date of Disbursement MM / DD / YYYY 05 / 18 / 2011
	City WEST GROTON State MA Zip Code 01472	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement PUBLIC RELATIONS FOR MAY 2011	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3287.13
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input 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 PREMIER FINANCE <hr/> Mailing Address PO BOX 790448 <hr/> City ST LOUIS State MO Zip Code 63179-0-44 Purpose of Disbursement COPIER RENTAL 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: SB.92 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1528.76

B. Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS <hr/> Mailing Address 1700 N DIXIE HIGHWAY <hr/> City BOCA RATON State FL Zip Code 33432 Purpose of Disbursement CC PROCESSING FEE 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: SB.96 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 27.45

C. Full Name (Last, First, Middle Initial) MERCHANTS BANKCARDS <hr/> Mailing Address 1700 N DIXIE HIGHWAY <hr/> City BOCA RATON State FL Zip Code 33432 Purpose of Disbursement CC PROCESSING FEE 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: SB.97 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 57.45

SUBTOTAL of Disbursements This Page (optional) ▶	1613.66
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)

PAGE 29 / 32

<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) OX-EYE PROPERTIES	Transaction ID: SB.106
	Mailing Address 117 SOUTH 14TH ST. SUITE 300	Date of Disbursement 05 / 01 / 2011
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period 4434.00
	Purpose of Disbursement MAY RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES	Transaction ID: SB.107
	Mailing Address 117 SOUTH 14TH ST. SUITE 300	Date of Disbursement 05 / 23 / 2011
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period 419.05
	Purpose of Disbursement UTILITY PAYMENT - LATE - OCT 2010	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) OX-EYE PROPERTIES	Transaction ID: SB.108
	Mailing Address 117 SOUTH 14TH ST. SUITE 300	Date of Disbursement 05 / 23 / 2011
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period 4434.00
	Purpose of Disbursement RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	9287.05
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 / 32

<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) OX-EYE PROPERTIES	Transaction ID: SB.113
	Mailing Address 117 SOUTH 14TH ST. SUITE 300	Date of Disbursement 05 / 23 / 2011
	City RICHMOND State VA Zip Code 23219	Amount of Each Disbursement this Period 407.58
	Purpose of Disbursement UTILITIES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.114
	Mailing Address 468 GREAT ROAD	Date of Disbursement 05 / 24 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 1929.83
	Purpose of Disbursement PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAYRIGHT PAYROLL SERVICES	Transaction ID: SB.117
	Mailing Address 468 GREAT ROAD	Date of Disbursement 05 / 24 / 2011
	City ACTON State MA Zip Code 01720	Amount of Each Disbursement this Period 41.60
	Purpose of Disbursement PAYROLL SERVICE FEE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2379.01
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) POLAND SPRING	Transaction ID: SB.138 Date of Disbursement 05 / 18 / 2011
	Mailing Address P.O. BOX 856192	Amount of Each Disbursement this Period 11.68
	City LOUISVILLE State KY Zip Code 40285--619	
	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) ▼

B.	Full Name (Last, First, Middle Initial) SHERATON BOSTON HOTEL	Transaction ID: SB.141 Date of Disbursement 05 / 31 / 2011
	Mailing Address 39 DALTON STREET	Amount of Each Disbursement this Period 1000.00
	City BOSTON State MA Zip Code 02199	
	Purpose of Disbursement EVENT FOOD AND ROOM RENTAL - Party Only	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UNION OYSTER HOUSE	Transaction ID: SB.147 Date of Disbursement 05 / 12 / 2011
	Mailing Address 41 UNION STREET	Amount of Each Disbursement this Period 1710.83
	City BOSTON State MA Zip Code 02108	
	Purpose of Disbursement EVENT FOOD AND ROOM RENTAL - Party Only	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2722.51
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

<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 PHONE

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement
PHONE EXPENSES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.148

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

655.47

SUBTOTAL of Disbursements This Page (optional)

655.47

TOTAL This Period (last page this line number only)

43516.46