

# 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 09 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Electronically Filed by Brent Anderson Date 12 30 1899

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	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		77412.05
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	326357.18									
(c) Total Receipts (from Line 19) .....	329407.00	2581491.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	655764.18	2658903.30								
7. Total Disbursements (from Line 31) .....	245109.68	2248248.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	410654.50	410654.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	271750.00	1477921.50
(ii) Unitemized .....	335.00	106568.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	272085.00	1584489.88
(b) Political Party Committees .....	0.00	55.00
(c) Other Political Committees (such as PACs) .....	12500.00	49922.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	284585.00	1634467.25
12. Transfers From Affiliated/Other Party Committees .....	44822.00	947024.00
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)) .....	329407.00	2581491.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	329407.00	2581491.25

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.....	123362.79	866897.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	123362.79	866897.55
22. Transfers to Affiliated/Other Party Committees.....	59000.00	406500.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	677026.52
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 .....	62746.89	297824.73
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	62746.89	297824.73
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	245109.68	2248248.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	245109.68	2248248.80

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) .....	284585.00	1634467.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	284585.00	1634467.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	123362.79	866897.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	123362.79	866897.55

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jesse Baker		Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address 8 Marlborough Street		<b>Transaction ID:</b> 00920.C185748
	City Boston	State MA	Zip Code 02116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
	Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy Barrows		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
	Mailing Address 18 Wedgemere Ave		<b>Transaction ID:</b> 00920.C185749
	City Winchester	State MA	Zip Code 01890
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
	Name of Employer Matrix Partners Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Venture Capital Aggregate Year-to-Date ▼ 15000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Bonasera		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 80 N Border Rd		<b>Transaction ID:</b> 01016.C186027
	City Winchester	State MA	Zip Code 01890
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Summit Financial Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 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)  
Michael Brait

Mailing Address 226 Maple St.

City State Zip Code  
Boston MA 02132

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

Name of Employer Self Employed  
Occupation Self employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** 01016.C186020

Amount of Each Receipt this Period  
15000.00

**B.**

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

Mailing Address 181 Hillcrest Rd

City State Zip Code  
Marshfield MA 02050

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

Name of Employer Self Employed  
Occupation Self employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** 01016.C186021

Amount of Each Receipt this Period  
15000.00

**C.**

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

Mailing Address 506 Plain St

City State Zip Code  
Marshfield MA 02050

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

Name of Employer Self Employed  
Occupation Self employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** 01016.C186024

Amount of Each Receipt this Period  
15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **45000.00**

**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 / 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)  
Kathy Campanella

Mailing Address 46 River Road

City State Zip Code  
Weston MA 02493

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 09 / 14 / 2010  
Transaction ID: 01016.C186085  
Amount of Each Receipt this Period: 10000.00

**B.** Full Name (Last, First, Middle Initial)  
Brenda Carlin

Mailing Address Po Box 1174

City State Zip Code  
Boca Grande FL 33921

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: 01016.C186082  
Amount of Each Receipt this Period: 10000.00

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

Mailing Address c/o Twin Ledges  
PO BOX 1174

City State Zip Code  
Boca Grande FL 11174

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

Name of Employer Carlin Consolidated, Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: 01016.C186089  
Amount of Each Receipt this Period: 15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35000.00

**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 9 / 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)  
Joseph Carlucci

Mailing Address 5 Penryn Way

City State Zip Code  
Rockport MA 01966

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 ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: 00920.C185666

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Virginia Dacier

Mailing Address 92 Woodland St.

City State Zip Code  
Sherborn MA 01770

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

Transaction ID: 00920.C185771

Amount of Each Receipt this Period  
10000.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Drane

Mailing Address 3 Hedge Ln

City State Zip Code  
Austin TX 78746

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

Name of Employer Self Employed Occupation Entrepreneur

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

Transaction ID: 00920.C185772

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **25000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 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)  
John Fowler  
 Mailing Address One Post Office Sq. STE. 3500  
 City State Zip Code  
 Boston MA 02109  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2010  
**Transaction ID:** 01016.C185958  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

**B.** Full Name (Last, First, Middle Initial)  
William Koch  
 Mailing Address 974 South Ocean Blvd  
 City State Zip Code  
 Palm Beach FL 33480  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2010  
**Transaction ID:** 01016.C185959  
 Amount of Each Receipt this Period  
 15000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 The Oxbow Group President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 15000.00

**C.** Full Name (Last, First, Middle Initial)  
Donna Marriott  
 Mailing Address Marriott Drive  
 City State Zip Code  
 Washington DC 20058  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2010  
**Transaction ID:** 01016.C186087  
 Amount of Each Receipt this Period  
 15000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 At Home Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35000.00**  
**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)

James McManus

Mailing Address 88 Chestnut St

City State Zip Code  
Weston MA 02493

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

Name of Employer Occupation  
Self Employed Commercial Real Estate

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: 00920.C185763

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Alfred Molinari

Mailing Address PO Box 468

City State Zip Code  
Southborough MA 01772

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

Name of Employer Occupation  
Data Translation Inc President

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2010

Transaction ID: 01016.C185981

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Moore

Mailing Address 51 Baker Place

City State Zip Code  
Newton MA 02462

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

Name of Employer Occupation  
Dwane Moris Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2010

Transaction ID: 01016.C185780

Amount of Each Receipt this Period

1000.00

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

17000.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 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)  
Rodger Nordblom

Mailing Address 200 Barnes Hill Rd.

City State Zip Code  
Concord MA 01742

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

Name of Employer Occupation  
Nordblom Company Real Estate Develop.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** 01016.C186141

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Gail Radley

Mailing Address 255 Country Club Road

City State Zip Code  
Dedham MA 02026

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

Name of Employer Occupation  
At Home Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** 01016.C185961

Amount of Each Receipt this Period  
10000.00

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

Mailing Address 9 Stimson Ave

City State Zip Code  
Lexington MA 02421

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** 01016.C185962

Amount of Each Receipt this Period  
250.00

**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 13 / 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 Romney

Mailing Address 19 Greensbrook Way

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
Homemaker At home

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2010

Transaction ID: 01016.C185964

Amount of Each Receipt this Period  
15000.00

**B.**

Full Name (Last, First, Middle Initial)

Willard Romney

Mailing Address 19 Greensbrook Way

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
Self Employed Self employed

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 25 / 2010

Transaction ID: 01016.C185889

Amount of Each Receipt this Period  
15000.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Skates

Mailing Address 4 Boardman Avenue

City State Zip Code  
Manchester MA 01944

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

Name of Employer Occupation  
Self-Employed investor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2010

Transaction ID: 01016.C186039

Amount of Each Receipt this Period  
1000.00

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

31000.00

**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)

<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)  
Maria Stata

Mailing Address 6 Miller Hill Rd

City State Zip Code  
Dover MA 02030

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

Name of Employer Information Requested Occupation  
President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: 01016.C186037

Amount of Each Receipt this Period  
10000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ray Stata

Mailing Address PO Box 9106

City State Zip Code  
Norwood MA 02062

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

Name of Employer Analog Devices Occupation  
Chairman and Founder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: 00920.C185759

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Voss

Mailing Address One Charles Street South  
Apt 7-H

City State Zip Code  
Boston MA 02116

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 ▼ 6000.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

Transaction ID: 01016.C186018

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 22500.00

**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 15 / 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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Weinstein	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 158 Cotton Street	<b>Transaction ID:</b> 00920.C185561
	City State Zip Code Newton MA 02458	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff A. Leerink	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 304 Commonwealth Ave #3	<b>Transaction ID:</b> 00920.C185654
	City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Abbott Laboratories PAC	Date of Receipt MM / DD / YYYY 09 / 29 / 2010
	Mailing Address Maria Cahill 100 Abbott Park Road	<b>Transaction ID:</b> 01016.C186046
	City State Zip Code North Chicago IL 60064	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PAC FEC ID: C00040279	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	25000.00
<b>TOTAL</b> This Period (last page this line number only) .....	271750.00

**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

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)  
Edward Wendell  
 Mailing Address 187 Randolph Ave  
 City State Zip Code  
Milton MA 02186  
 Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010  
**Transaction ID:** 01016.C186036  
 Amount of Each Receipt this Period  
2500.00  
 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 ▼ 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Diane Wilsey  
 Mailing Address 2590 Jackson St  
 City State Zip Code  
San Francisco CA 94115  
 Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010  
**Transaction ID:** 01016.C185954  
 Amount of Each Receipt this Period  
4500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A. Wilsey Properties Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

**C.** Full Name (Last, First, Middle Initial)  
Cozen OConnor PAC  
 Mailing Address 1900 Market St.  
 City State Zip Code  
Philadelphia PA 19103  
 Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010  
**Transaction ID:** 01016.C185987  
 Amount of Each Receipt this Period  
500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00  
**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) NAHU PAC		Date of Receipt	
	Mailing Address 2000 N 14th st. Suite 450		M M / D D / Y Y Y Y 09 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 00920.C185648
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	5000.00
	Name of Employer PAC		Occupation FEC ID # C00283135	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	12500.00

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

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

FOR LINE NUMBER: PAGE 18 / 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)  
Republican National Committee  
Mailing Address 310 First Street SE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Political Committee Occupation FEC ID: C00003418  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 112854.00  
Date of Receipt MM / DD / YYYY 09 / 25 / 2010  
Transaction ID: 01016.C186345  
Amount of Each Receipt this Period 3148.00

**B.** Full Name (Last, First, Middle Initial)  
Republican National Committee  
Mailing Address 310 First Street SE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Political Committee Occupation FEC ID: C00003418  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 99332.00  
Date of Receipt MM / DD / YYYY 09 / 03 / 2010  
Transaction ID: 01017.C186670  
Amount of Each Receipt this Period 31300.00

**C.** Full Name (Last, First, Middle Initial)  
Republican National Committee  
Mailing Address 310 First Street SE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Political Committee Occupation FEC ID: C00003418  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 104769.00  
Date of Receipt MM / DD / YYYY 09 / 21 / 2010  
Transaction ID: 01017.C186671  
Amount of Each Receipt this Period 5437.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 39885.00  
**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)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt																					
	Mailing Address 310 First Street SE		<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>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	1		2	0	1	0														
	City State Zip Code Washington DC 20003		<b>Transaction ID:</b> 01017.C186672																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4937.00																					
Name of Employer Political Committee Occupation FEC ID: C00003418																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 109706.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4937.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	44822.00

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address 310 First Street SE DO NOT MAIL</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement SEE LINE 12: IN-KIND TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01016.E12508</p> <p>Date of Disbursement 09 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 3148.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address 310 First Street SE DO NOT MAIL</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement SEE LINE 12 IN-KIND TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12509</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5437.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address 310 First Street SE DO NOT MAIL</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement SEE LINE 12 - IN-KIND TRANSFER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12510</p> <p>Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 4937.00</p>

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

13522.00

**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 21 / 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) Tim Buckley	Transaction ID: 01017.E12572 Date of Disbursement 09 / 16 / 2010
	Mailing Address 55 W Broadway #8	Amount of Each Disbursement this Period 232.05
	City Boston State MA Zip Code 02127	
	Purpose of Disbursement REIMBURSEMENT FOR PHONE PARKING TRAVEL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tim Buckley	Transaction ID: 01017.E12573 Date of Disbursement 09 / 16 / 2010
	Mailing Address 55 W Broadway #8	Amount of Each Disbursement this Period 100.00
	City Boston State MA Zip Code 02127	
	Purpose of Disbursement REIMBURSEMENT	
	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) Ryan Coleman	Transaction ID: 01017.E12562 Date of Disbursement 09 / 09 / 2010
	Mailing Address 9 Stearms Street	Amount of Each Disbursement this Period 100.00
	City Swampscott State MA Zip Code 01907	
	Purpose of Disbursement REIMBURSEMENT FOR PHONE PARKING	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**432.05**

**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)

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

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

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

A.	Full Name (Last, First, Middle Initial) Ryan Coleman	Transaction ID: 01017.E12563 Date of Disbursement 09 / 16 / 2010
	Mailing Address 9 Stearms Street	
	City Swampscott State MA Zip Code 01907	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement REIMBURSEMENT 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) Nick Connors	Transaction ID: 01017.E12553 Date of Disbursement 09 / 23 / 2010
	Mailing Address 74 Green Street	
	City Stoneham State MA Zip Code 02180	Amount of Each Disbursement this Period 159.38
	Purpose of Disbursement REIMBURSEMENT 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) Tara Esfahanian	Transaction ID: 01017.E12570 Date of Disbursement 09 / 02 / 2010
	Mailing Address 177 Upham St.	
	City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement FUNDRAISING CONSULTANT 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4259.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Tara Esfahanian	Transaction ID: 01017.E12571 Date of Disbursement 09 / 02 / 2010
	Mailing Address 177 Upham St.	
	City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period 2610.00
	Purpose of Disbursement FUNDRAISING CONSULTING FEE	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) Kaitlyn Greeley	Transaction ID: 01017.E12535 Date of Disbursement 09 / 02 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131	Amount of Each Disbursement this Period 222.31
	Purpose of Disbursement REIMBURSEMENT	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) Kaitlyn Greeley	Transaction ID: 01017.E12536 Date of Disbursement 09 / 30 / 2010
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131	Amount of Each Disbursement this Period 448.16
	Purpose of Disbursement REIMBURSEMENT	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) .....

**3280.47**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Kirsten Hughes

Mailing Address 72 Davis Street

City Quincy State MA Zip Code 02170

Purpose of Disbursement  
5228

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12538  
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

182.87

B.

Full Name (Last, First, Middle Initial)  
Nick Lehr

Mailing Address 38 Saunders Rd.

City Boston State MA Zip Code 02134

Purpose of Disbursement  
REIMBURSEMENT FOR PHONE TRAVEL PARKING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12554  
Date of Disbursement

09 / 09 / 2010

Amount of Each Disbursement this Period

315.16

C.

Full Name (Last, First, Middle Initial)  
Nick Lehr

Mailing Address 38 Saunders Rd.

City Boston State MA Zip Code 02134

Purpose of Disbursement  
REIMBURSEMENT FOR PARKING TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 01017.E12555  
Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

598.03

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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kristen M Lepore</p> <p>Mailing Address 4 Buttonwood lane</p> <p>City Danvers State MA Zip Code 01923</p> <p>Purpose of Disbursement CONSULTING NON-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12540</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kristen M Lepore</p> <p>Mailing Address 4 Buttonwood lane</p> <p>City Danvers State MA Zip Code 01923</p> <p>Purpose of Disbursement CONSULTING NON-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12541</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Melissa Lucas</p> <p>Mailing Address 22 Slayton Road</p> <p>City Melrose State MA Zip Code 02176</p> <p>Purpose of Disbursement CONSULTING NON-FEA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12547</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 4240.00</p>

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

14240.00

**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) Melissa Lucas	Transaction ID: 01017.E12548 Date of Disbursement 09 / 02 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 2500.00
	City Melrose State MA Zip Code 02176	
	Purpose of Disbursement CONSULTING NON-FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 01017.E12549 Date of Disbursement 09 / 30 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 2500.00
	City Melrose State MA Zip Code 02176	
	Purpose of Disbursement CONSULTING NON-FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 01017.E12550 Date of Disbursement 09 / 30 / 2010
	Mailing Address 22 Slayton Road	Amount of Each Disbursement this Period 4177.00
	City Melrose State MA Zip Code 02176	
	Purpose of Disbursement CONSULTING NON-FEA Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9177.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01017.E12542 Date of Disbursement 09 / 02 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 104.05
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL PARKING	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01017.E12543 Date of Disbursement 09 / 15 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 132.43
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement REIMBURSEMET FOR 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) ▼

C.	Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01017.E12544 Date of Disbursement 09 / 23 / 2010
	Mailing Address 209 bunker hill st Apt 1	Amount of Each Disbursement this Period 227.15
	City Boston State MA Zip Code 02129	
	Purpose of Disbursement REIMBURSEMENT	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>463.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour</p> <p>Mailing Address 49 Chelsea St., Unit C1-307</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement REIMBURSEMENT FOR PHONE TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12533</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 824.87</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Nassour</p> <p>Mailing Address 49 Chelsea St., Unit C1-307</p> <p>City Boston State MA Zip Code 02129</p> <p>Purpose of Disbursement REIMBURSEMENT FOR PHONE TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12534</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 222.31</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lakeside Office Park Quannapowitt 591</p> <p>Mailing Address 591 North Avenue</p> <p>City Wakefield State MA Zip Code 01880</p> <p>Purpose of Disbursement FIELD OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12561</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

2547.18

**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) Michael Yacobian	Transaction ID: 01017.E12551 Date of Disbursement 09 / 09 / 2010
	Mailing Address Tabor Academy Young Republicans 66 Spring Street	Amount of Each Disbursement this Period 175.00
	City: Marion State: MA Zip Code: 02738	
	Purpose of Disbursement REIMBURSEMENT FOR PHONE	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) Michael Yacobian	Transaction ID: 01017.E12552 Date of Disbursement 09 / 16 / 2010
	Mailing Address Tabor Academy Young Republicans 66 Spring Street	Amount of Each Disbursement this Period 175.00
	City: Marion State: MA Zip Code: 02738	
	Purpose of Disbursement REIMBURSEMENT FOR PHONE	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) 8 Elm Street LLC	Transaction ID: 01017.E12514 Date of Disbursement 09 / 16 / 2010
	Mailing Address 352 Sprague St.	Amount of Each Disbursement this Period 975.00
	City: Dedham State: MA Zip Code: 02026	
	Purpose of Disbursement FIELD OFFICE 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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) 9 Elm Street LLC	Transaction ID: 01017.E12512
	Mailing Address 352 Sprague St.	Date of Disbursement 09 / 23 / 2010
	City Dedham State MA Zip Code 02026	Amount of Each Disbursement this Period 975.00
	Purpose of Disbursement FIELD OFFICE RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Barrows Insurance	Transaction ID: 01017.E12515
	Mailing Address 215 North Main Street	Date of Disbursement 09 / 02 / 2010
	City Mansfield State MA Zip Code 02048	Amount of Each Disbursement this Period 1560.00
	Purpose of Disbursement LIABILITY INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 01017.E12516
	Mailing Address Landmark Center 401 Park Drive	Date of Disbursement 09 / 23 / 2010
	City Boston State MA Zip Code 02215	Amount of Each Disbursement this Period 6848.49
	Purpose of Disbursement HEALTH INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9383.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 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) Boston Marriott Newton	Transaction ID: 01017.E12545 Date of Disbursement 09 / 23 / 2010
	Mailing Address 2345 Commonwealth Ave.	Amount of Each Disbursement this Period 1201.83
	City Newton State MA Zip Code 02466	
	Purpose of Disbursement STATE COMMITTEE MEETING	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) Bowditch & Dewey	Transaction ID: 01017.E12517 Date of Disbursement 09 / 23 / 2010
	Mailing Address 311 Main St. PO Box 15156	Amount of Each Disbursement this Period 1950.00
	City Worcester State MA Zip Code 01615	
	Purpose of Disbursement LEGAL CONSULTING	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) Comcast	Transaction ID: 01017.E12521 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 196	Amount of Each Disbursement this Period 114.90
	City Newark State NJ Zip Code 07101	
	Purpose of Disbursement CABLE BILL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3266.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DirecTV	Transaction ID: 01017.E12523
	Mailing Address PO Box 60036	Date of Disbursement 09 / 16 / 2010
	City Los Angeles State CA Zip Code 90060	Amount of Each Disbursement this Period 14.68
	Purpose of Disbursement SATELITE TV	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) Exeter Group, Inc	Transaction ID: 01017.E12524
	Mailing Address 1 Canal Park	Date of Disbursement 09 / 09 / 2010
	City Cambridge State MA Zip Code 02141	Amount of Each Disbursement this Period 6264.00
	Purpose of Disbursement IT CONSULTING	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) FLS Connect	Transaction ID: 01017.E12528
	Mailing Address 7300 Hudson Blvd. Ste	Date of Disbursement 09 / 09 / 2010
	City Saint Paul State MN Zip Code 55128	Amount of Each Disbursement this Period 10103.00
	Purpose of Disbursement 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>16381.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 01017.E12530 Date of Disbursement
	Mailing Address 7300 Hudson Blvd. Ste	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Saint Paul State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEMARKETING	<input type="text" value="440.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 01017.E12531 Date of Disbursement
	Mailing Address 7300 Hudson Blvd. Ste	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Saint Paul State MN Zip Code 55128	Amount of Each Disbursement this Period
	Purpose of Disbursement TELEMARKETING	<input type="text" value="76.33"/>
	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) Full Impact Production	Transaction ID: 01017.E12532 Date of Disbursement
	Mailing Address 97 Betts Rd.	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Belmont State MA Zip Code 02478	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - NON FEA	<input type="text" value="16000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16517.32"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) Keswick Consulting	Transaction ID: 01017.E12546
	Mailing Address 231 Victory Road	Date of Disbursement 09 / 23 / 2010
	City Quincy State MA Zip Code 02171	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement CONSULTING NON-FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 01017.E12539
	Mailing Address P.O. Box 7247-0322	Date of Disbursement 09 / 16 / 2010
	City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 782.83
	Purpose of Disbursement COPIER LEASE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&L	Transaction ID: 01017.E12580
	Mailing Address 29 Franklin St. 2nd Floor	Date of Disbursement 09 / 16 / 2010
	City Wrentham State MA Zip Code 02093	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement FIELD OFFICE RENT	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4082.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Philip Miatkowski</p> <p>Mailing Address 485 Foster St.</p> <p>City North Andover State MA Zip Code 01845</p> <p>Purpose of Disbursement REIMBURSEMENT FOR PARKING TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12560</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Osgood Bradley Building Corp</p> <p>Mailing Address 18 Grafton St.</p> <p>City Worcester State MA Zip Code 01604</p> <p>Purpose of Disbursement FIELD OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12556</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey &amp; Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114</p> <p>Purpose of Disbursement OFFICE RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 01017.E12557</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 555.17</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1255.17
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RP One Owner LLC	Transaction ID: 01017.E12581 Date of Disbursement
	Mailing Address PO Box 845516 Boston, MA	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City State Zip Code 02284	Amount of Each Disbursement this Period
	Purpose of Disbursement FIELD OFFICE	<input type="text" value="190.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RP One Owner LLC	Transaction ID: 01017.E12582 Date of Disbursement
	Mailing Address PO Box 845516 Boston, MA	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City State Zip Code 02284	Amount of Each Disbursement this Period
	Purpose of Disbursement FIELD OFFICE	<input type="text" value="190.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCM Associates	Transaction ID: 01017.E12564 Date of Disbursement
	Mailing Address Steve Meyers 1283 Main Street	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City State Zip Code Dublin NH 03444	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MARKETING	<input type="text" value="10539.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10919.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SCR & Associates, LLC	Transaction ID: 01017.E12565
	Mailing Address 4 Leblanc Dr	Date of Disbursement 09 / 23 / 2010
	City Danvers State MA Zip Code 01923	Amount of Each Disbursement this Period 6000.00
	Purpose of Disbursement FUNDRAISING CONSULTING FEE	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sprint/Nextel	Transaction ID: 01017.E12569
	Mailing Address PO Box 17990	Date of Disbursement 09 / 23 / 2010
	City Denver State CO Zip Code 80217	Amount of Each Disbursement this Period 83.73
	Purpose of Disbursement CELL PHONE BILL	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Top of the Hub	Transaction ID: 01017.E12576
	Mailing Address 800 Boylston St.	Date of Disbursement 09 / 02 / 2010
	City Boston State MA Zip Code 02199	Amount of Each Disbursement this Period 858.13
	Purpose of Disbursement FUNDRAISING EVENT FEE	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6941.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 01017.E12574 Date of Disbursement
	Mailing Address Fort Point Station Dorchester Avenue	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02215	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE	<input type="text" value="185.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 01017.E12575 Date of Disbursement
	Mailing Address Fort Point Station Dorchester Avenue	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Boston State MA Zip Code 02215	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 01017.E12577 Date of Disbursement
	Mailing Address PO Box 5029	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Wallingford State CT Zip Code 06492	Amount of Each Disbursement this Period
	Purpose of Disbursement PHONE BILL	<input type="text" value="226.49"/>
	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) ..... ▶

**911.49**

**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 Wireless	Transaction ID: 01017.E12578 Date of Disbursement 09 / 30 / 2010
	Mailing Address PO Box 5029	Amount of Each Disbursement this Period 344.97
	City Wallingford State CT Zip Code 06492	
	Purpose of Disbursement PHONE BILL 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: 01017.E12579 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 5029	Amount of Each Disbursement this Period 2865.90
	City Wallingford State CT Zip Code 06492	
	Purpose of Disbursement PHONE SERVICE BILL 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) Country First PAC	Transaction ID: 01017.E12522 Date of Disbursement 09 / 30 / 2010
	Mailing Address 228 S. Washington St. Suite 115	Amount of Each Disbursement this Period 545.10
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement SEN MCCAIN ACCOMODATIONS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3755.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>123260.28</b>

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Massachusetts Republican Party</p> <p>Mailing Address 85 MERRIMAC ST SUITE 400</p> <p>City BOSTON State MA Zip Code 02114</p> <p>Purpose of Disbursement Over-Contribution <input type="checkbox"/> Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.1 <b>Date of Disbursement:</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>Ann Romney \$5,000, W. Mitt Romney \$5,000</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Massachusetts Republican Party</p> <p>Mailing Address 85 MERRIMAC ST SUITE 400</p> <p>City BOSTON State MA Zip Code 02114</p> <p>Purpose of Disbursement Over-Contribution <input type="checkbox"/> Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.2 <b>Date of Disbursement:</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 9000.00</p> <p>Tim Barrows \$5,000, Peter Voss \$4,000</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Massachusetts Republican Party</p> <p>Mailing Address 85 MERRIMAC ST SUITE 400</p> <p>City BOSTON State MA Zip Code 02114</p> <p>Purpose of Disbursement Over-Contribution <input type="checkbox"/> Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB.3 <b>Date of Disbursement:</b> 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Alfred Molinari \$5,000</p>

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

24000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Massachusetts Republican Party <hr/> Mailing Address 85 MERRIMAC ST SUITE 400 <hr/> City BOSTON State MA Zip Code 02114 <hr/> Purpose of Disbursement Over-Contribution 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) ▼	<b>Transaction ID:</b> SB.4 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period 10000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Massachusetts Republican Party <hr/> Mailing Address 85 MERRIMAC ST SUITE 400 <hr/> City BOSTON State MA Zip Code 02114 <hr/> Purpose of Disbursement Over-Contribution 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) ▼	<b>Transaction ID:</b> SB.5 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period 15000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Massachusetts Republican Party <hr/> Mailing Address 85 MERRIMAC ST SUITE 400 <hr/> City BOSTON State MA Zip Code 02114 <hr/> Purpose of Disbursement Over-Contribution 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) ▼	<b>Transaction ID:</b> SB.6 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010	Amount of Each Disbursement this Period 5000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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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)

Massachusetts Republican Party

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
Over-Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.7

Date of Disbursement

09 / 30 / 2010

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) .....

59000.00

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Philip Miatkowski	Transaction ID: 01017.E12558
	Mailing Address 485 Foster St.	Date of Disbursement MM / DD / YYYY 09 / 23 / 2010
	City North Andover State MA Zip Code 01845	Amount of Each Disbursement this Period 650.00
	Purpose of Disbursement FIELD PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Philip Miatkowski	Transaction ID: 01017.E12559
	Mailing Address 485 Foster St.	Date of Disbursement MM / DD / YYYY 09 / 23 / 2010
	City North Andover State MA Zip Code 01845	Amount of Each Disbursement this Period 650.00
	Purpose of Disbursement FIELD PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Byte Bulb	Transaction ID: 01017.E12518
	Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.	Date of Disbursement MM / DD / YYYY 09 / 09 / 2010
	City Hanover State MA Zip Code 02339	Amount of Each Disbursement this Period 45.00
	Purpose of Disbursement PARTY RELATED WEBSITE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1345.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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) Semcasting Inc	Transaction ID: 01017.E12567 Date of Disbursement
	Mailing Address 300 Brickstone Square	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Andover State MA Zip Code 01810	Amount of Each Disbursement this Period
	Purpose of Disbursement Voter ID Targeting Party Only	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Semcasting Inc	Transaction ID: 01017.E12568 Date of Disbursement
	Mailing Address 300 Brickstone Square	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Andover State MA Zip Code 01810	Amount of Each Disbursement this Period
	Purpose of Disbursement Voter ID Targeting Party Only	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="62746.89"/>