

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2009 through 10 31 2009

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

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 12 16 2009

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		22603.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	73741.07									
(c) Total Receipts (from Line 19)	52902.96	565645.54								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	126644.03	588248.88								
7. Total Disbursements (from Line 31)	92477.85	551082.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34166.18	37166.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1750.00									

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

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	40369.33	372138.64
(ii) Unitemized	12499.00	153778.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52868.33	525916.76
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	52868.33	548216.76
12. Transfers From Affiliated/Other Party Committees	0.00	5000.00
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)	34.63	12428.78
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))	52902.96	565645.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52902.96	565645.54

DETAILED SUMMARY PAGE

of Disbursements

5 / 68

FEC Form 3X (Rev. 02/2003)

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.....	2183.71	2183.71
(ii) Non-Federal Share.....	5095.32	5095.32
(b) Other Federal Operating Expenditures.....	67368.21	429535.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	74647.24	436814.57
22. Transfers to Affiliated/Other Party Committees.....	738.57	5738.57
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	103.31
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	235.00
(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	235.00
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	17092.04	108191.25
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	17092.04	108191.25
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	92477.85	551082.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87382.53	545987.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	52868.33	548216.76
34. Total Contribution Refunds (from Line 28(d))	0.00	235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52868.33	547981.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69551.92	431719.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	34.63	12428.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69517.29	419290.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 68

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kristine Abrams

Mailing Address 33 Pleasant Heights Dr.

City State Zip Code
North Easton MA 02356

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 91116.C176913

Amount of Each Receipt this Period 200.00

Receipt

B.

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

Mailing Address 69 Pinehurst Rd.

City State Zip Code
Belmont MA 02478

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested
Anzi Ltd. Publishing Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: 91016.C176572

Amount of Each Receipt this Period 100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Otto Anderson

Mailing Address 43 Fernwood Avenue

City State Zip Code
Bradford MA 01835

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 91016.C176644

Amount of Each Receipt this Period 50.00

Receipt

SUBTOTAL of Receipts This Page (optional) 350.00

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 / 68
(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

<p>A. Full Name (Last, First, Middle Initial) Sally Bachelder</p> <p>Mailing Address PO Box 521 DO NOT MAIL</p> <p>City State Zip Code Westport Point MA 02791-0521</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 91016.C176566</p> <p>Amount of Each Receipt this Period 200.00 </p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	9	/	2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Charles Baker</p> <p>Mailing Address 64 Caldwell Farm Rd.</p> <p>City State Zip Code Byfield MA 01922</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 91016.C176592</p> <p>Amount of Each Receipt this Period 200.00 </p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	9	/	2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) James Ballway</p> <p>Mailing Address 2 Haymeadow Rd.</p> <p>City State Zip Code Boxford MA 01921</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Project Solutions</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>0</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p>Transaction ID: 91022.C176863</p> <p>Amount of Each Receipt this Period 250.00 </p> <p>Receipt</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	1	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	1	/	2	0	0	9												

SUBTOTAL of Receipts This Page (optional)	650.00
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 / 68
(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

<p>A. Full Name (Last, First, Middle Initial) Thomas Barker</p> <p>Mailing Address 437 Marlborough Street, #11</p> <p>City State Zip Code Boston MA 02115</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Attorney Foley Hoag</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2009</p> <p>Transaction ID: 91116.C176900</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) Harvey Bines</p> <p>Mailing Address 36 Clarke St</p> <p>City State Zip Code Lexington MA 02421</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sullivan & Worcester Lawyer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: 91116.C176885</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Christopher Bramley</p> <p>Mailing Address 7 Pinecrest Dr.</p> <p>City State Zip Code Westborough MA 01581</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2009</p> <p>Transaction ID: 91016.C176526</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	1350.00
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 / 68
(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)
Alan Butler

Mailing Address 318 Bishops Forest Dr.

City State Zip Code
Waltham MA 02452

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

Name of Employer Occupation
HNTB Companies Civil Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: 91021.C176862

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Iris Cannata

Mailing Address 25 Fairway Lane

City State Zip Code
Foxboro MA 02035

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

Name of Employer Occupation
Self Employed Property Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: 91116.C176924

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Gordon Carr

Mailing Address 23 High St.

City State Zip Code
Hingham MA 02043

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
10 / 31 / 2009

Transaction ID: 91116.C176916

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 68
(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)
Martha Chadwick

Mailing Address 1 Avery Street, #14-F

City State Zip Code
Boston MA 02111

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

Name of Employer Commonwealth of Massachusetts
Occupation Govs Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	9

Transaction ID: 91016.C176616

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Chianis

Mailing Address 273 Chelmsford St.

City State Zip Code
Chelmsford MA 01824

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

Name of Employer GTC Wireless Partners LLC
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 91022.C176872

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Chianis

Mailing Address 273 Chelmsford St.

City State Zip Code
Chelmsford MA 01824

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

Name of Employer GTC Wireless Partners LLC
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

Transaction ID: 91116.C176910

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 68
(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)
Salvatore Cirella

Mailing Address 56 East Mall

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
PCR Restaurant Corp. Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2009

Transaction ID: 91016.C176637

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Gould Coleman

Mailing Address 81 Bickford Hill Rd

City State Zip Code
Gardner MA 01440

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2009

Transaction ID: 91016.C176646

Amount of Each Receipt this Period
50.00

Receipt

C.

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

Mailing Address 24 Westwood Rd

City State Zip Code
North Falmouth MA 02556

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2009

Transaction ID: 91016.C176689

Amount of Each Receipt this Period
250.00

Receipt

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 68
(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)
Nathan Couch

Mailing Address 5 High Rock Rd.

City State Zip Code
Dover MA 02030

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 07 / 2009
Transaction ID: 91016.C176468
Amount of Each Receipt this Period: 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Nathan Couch

Mailing Address 5 High Rock Rd.

City State Zip Code
Dover MA 02030

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 ▼ 350.00

Date of Receipt: 10 / 15 / 2009
Transaction ID: 91016.C176659
Amount of Each Receipt this Period: 100.00
Receipt

C. Full Name (Last, First, Middle Initial)
George Davis

Mailing Address 110 Industrial Dr

City State Zip Code
Holden MA 01520

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

Name of Employer Inner-tite Corp. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: 91021.C176823
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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 14 / 68
	<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) Tanya DeGenova	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 13 Taft St.	Transaction ID: 91116.C176920
	City State Zip Code Marblehead MA 01945	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation TSD Security Consulting Security Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 572.00	

B.	Full Name (Last, First, Middle Initial) David Eckert	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 128 Boston Post Road	Transaction ID: 91116.C176876
	City State Zip Code Wayland MA 01778	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Employed Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jay Forrester	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 80 Deaconess Road Suite 442	Transaction ID: 91016.C176475
	City State Zip Code Concord MA 01742	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William Frothingham

Mailing Address 117 School St

City State Zip Code
Manchester MA 01944

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91016.C176473

Amount of Each Receipt this Period
100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lucie Gadenne

Mailing Address 1 Abernathy St.

City State Zip Code
Marblehead MA 01945

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

Name of Employer Self Employed Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 91016.C176625

Amount of Each Receipt this Period
50.00

Receipt

C.

Full Name (Last, First, Middle Initial)
William Gannett

Mailing Address 144 Freedom St.

City State Zip Code
Hopedale MA 01747

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 ▼ 1350.00

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

Transaction ID: 91016.C176595

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 68
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Steve Garfinkle

Mailing Address 15 Marlborough St.

City State Zip Code
Boston MA 02116

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

Name of Employer None Occupation none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2009

Transaction ID: 91116.C176884

Amount of Each Receipt this Period
250.00

Receipt

B.

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

Mailing Address P.O. Box 25

City State Zip Code
Holbrook MA 02343

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

Name of Employer Self Employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2009

Transaction ID: 91016.C176480

Amount of Each Receipt this Period
100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Herbert Grover

Mailing Address 330 Main St.

City State Zip Code
Rowley MA 01969

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

Name of Employer Jacobs Technology Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2009

Transaction ID: 91116.C176901

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 / 68
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
June Hatfield

Mailing Address 11 April Lane

City Lexington State MA Zip Code 02421

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2009

Transaction ID: 91116.C176878

Amount of Each Receipt this Period 250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Bernhard Heersink

Mailing Address 281 High Street

City Newburyport State MA Zip Code 01950

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 10 / 16 / 2009

Transaction ID: 91016.C176734

Amount of Each Receipt this Period 100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
William Helman

Mailing Address 85 Sparks St.

City Cambridge State MA Zip Code 02138

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

Name of Employer Greylock Management Occupation Venture Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 30 / 2009

Transaction ID: 91116.C176875

Amount of Each Receipt this Period 5000.00

Receipt

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 68
(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)
Brian Herr

Mailing Address 31 Elizabeth Rd.

City State Zip Code
Hopkinton MA 01748

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

Name of Employer Occupation
Westco Distribution Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2009

Transaction ID: 91022.C176874

Amount of Each Receipt this Period
500.00

Receipt

B.

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

Mailing Address 69 Aberdeen Road

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
AAI Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2009

Transaction ID: 91116.C176919

Amount of Each Receipt this Period
250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Lewis Hicks

Mailing Address 40 Dune Drive

City State Zip Code
Chatham MA 02633-2519

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2009

Transaction ID: 91016.C176477

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 68
(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)
Edwin Hines

Mailing Address 60 Bowie Rd.

City State Zip Code
Marblehead MA 01945

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 91116.C176909

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lorraine Hodsdon

Mailing Address 45 North St.
Apt. 55

City State Zip Code
Stoneham MA 02180

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

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91016.C176470

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
William Hudak

Mailing Address 165 Herrick Road

City State Zip Code
Boxford MA 01921

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

Name of Employer Self Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 91022.C176873

Amount of Each Receipt this Period
250.00

Receipt

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 68
(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)
Stephen Jeffries

Mailing Address 12 Brimmer St.

City State Zip Code
Boston MA 02108-1002

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

Name of Employer S.B. Jeffries Consultants Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 91016.C176628

Amount of Each Receipt this Period
208.33

Receipt

B.

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

Mailing Address 118 Inman Street Apt.1

City State Zip Code
Cambridge MA 02139

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 91016.C176619

Amount of Each Receipt this Period
80.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Arthur Kalotkin

Mailing Address 32 Claflin Rd.

City State Zip Code
Brookline MA 02445

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

Name of Employer Self Employed Occupation real estate management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91016.C176481

Amount of Each Receipt this Period
75.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **363.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68
(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)
Jason Kauppi
Mailing Address P.O. Box 152
City Groton State MA Zip Code 01472
FEC ID number of contributing federal political committee. **C**
Name of Employer Kauppi Communications Occupation Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.00
Date of Receipt 10 / 09 / 2009
Transaction ID: 91016.C176511
Amount of Each Receipt this Period 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Amy Kelly
Mailing Address 157 Rice Road
City Quincy State MA Zip Code 02170
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Photographer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4135.00
Date of Receipt 10 / 27 / 2009
Transaction ID: 91116.C177107
Amount of Each Receipt this Period 850.00
In-Kind
In-Kind donation of photography services for party related e

C. Full Name (Last, First, Middle Initial)
Michael Kennealy
Mailing Address 4 Brent Rd.
City Lexington State MA Zip Code 02420
FEC ID number of contributing federal political committee. **C**
Name of Employer Spectrum Equity Occupation Managing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 10 / 19 / 2009
Transaction ID: 91021.C176780
Amount of Each Receipt this Period 3470.00
Receipt

SUBTOTAL of Receipts This Page (optional) ► 4420.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 68

(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)

Thomas Kershaw

Mailing Address 84 Beacon St.

City State Zip Code
Boston MA 02108

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

Name of Employer Occupation
Hampshire House Restaurant Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 91016.C176776

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

James Knott

Mailing Address 456 Hill Street

City State Zip Code
Whitinsville MA 01588

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

Name of Employer Occupation
Riverdale Mills Corporation President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 91116.C176925

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paige Kohler

Mailing Address 3 Stonewall Rd.

City State Zip Code
Lexington MA 02421

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

Name of Employer Occupation
Mastoran Corporation Owner - Restaurant Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: 91116.C176917

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 68
(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) Henry Kulik		Date of Receipt MM / DD / YYYY 10 / 19 / 2009
Mailing Address 100 Erdman Way Suite S-100		Transaction ID: 91021.C176782
City Leominster	State MA	Zip Code 01453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Henry Kulik Jr CPA LLC	Occupation CPA	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Julianne Lindsay		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
Mailing Address 81 Channing Rd		Transaction ID: 91016.C176462
City Watertown	State MA	Zip Code 02472
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Eastern Bank	Occupation banker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.

Full Name (Last, First, Middle Initial) Merrill Mack		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 24 Terrace Rd.		Transaction ID: 91016.C176599
City Weston	State MA	Zip Code 02493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 68
(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)
John Majjar

Mailing Address 89 Countryside Lane

City State Zip Code
Milton MA 02186

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2009

Transaction ID: 91116.C176908

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Holt Massey

Mailing Address 85 Merrimac Street

City State Zip Code
Boston MA 02114

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

Name of Employer Massey & Co., LLC Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5250.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: 91016.C176569

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Leonard Matz

Mailing Address 41 Belmont Ave

City State Zip Code
Feeding Hills (Aga MA 01030

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2009

Transaction ID: 91016.C176409

Amount of Each Receipt this Period
100.00

Receipt

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 68

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Catherine McDonnell

Mailing Address 63 Atlantic Ave #7E

City State Zip Code
Boston MA 02110

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

Name of Employer Occupation
The Action Group Administrator

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

Date of Receipt

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

Transaction ID: 91021.C176784

Amount of Each Receipt this Period

2500.00

Receipt

B.

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

Mailing Address 11161 NW 24th Street

City State Zip Code
Pompano Beach FL 33065

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

Name of Employer Occupation
The Patron Spirits Company COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9920.00

Date of Receipt

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

Transaction ID: 91016.C176636

Amount of Each Receipt this Period

3800.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Edward Michaud

Mailing Address 12 Highland St.

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Self Employed Orthodontist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 91016.C176476

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 68
(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)
Edward Michaud

Mailing Address 12 Highland St.

City State Zip Code
Weston MA 02493

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

Name of Employer Self Employed Occupation
Self Employed Orthodontist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1325.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: 91016.C176613

Amount of Each Receipt this Period
10.00

Receipt

B.

Full Name (Last, First, Middle Initial)
William Hugh Morton

Mailing Address 1480 Drift Road

City State Zip Code
Westport MA 02790

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

Name of Employer Morton Law Office Occupation
Morton Law Office Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: 91016.C176513

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Thomas Motte

Mailing Address 19 Brook Street
PO Box 134

City State Zip Code
North Carver MA 02355

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

Name of Employer Self-Employed Occupation
Self-Employed Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2009

Transaction ID: 91016.C176665

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 68
(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)
Ann Murphy
Mailing Address 65 Helen Street
City State Zip Code
Waltham MA 02452
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
GPC/ONeill & Assoc. Vice President, PR Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9
Transaction ID: 91116.C176877
Amount of Each Receipt this Period
100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Jo-Ann Nassour
Mailing Address 243 New Hyde Park Road
City State Zip Code
Garden City NY 11530
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9
Transaction ID: 91021.C176781
Amount of Each Receipt this Period
76.00
Receipt

C. Full Name (Last, First, Middle Initial)
Pete Nicholas
Mailing Address 1 Joy Street
City State Zip Code
Boston MA 02108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Boston Scientific Corp. Chairman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 8000.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9
Transaction ID: 91116.C176918
Amount of Each Receipt this Period
5000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **5176.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 28 / 68
(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)
S C Prout

Mailing Address 383F Neponset St

City State Zip Code
Norwood MA 02062-4950

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

Name of Employer Retired Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00

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

Transaction ID: 91016.C176687

Amount of Each Receipt this Period
30.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dean Rogeness

Mailing Address 22 Warren Terrace

City State Zip Code
Longmeadow MA 01106

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

Name of Employer Retired Occupation Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 91016.C176647

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Chris Rohan

Mailing Address 86 Jacobs Lane

City State Zip Code
Norwell MA 02061

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

Name of Employer Fidelity Investments Occupation VP Investment Communication

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 91016.C176635

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **630.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) John Rossello		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
Mailing Address 18 Pond View Road		Transaction ID: 91016.C176469
City Holliston	State MA	Zip Code 01746-3400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.

Full Name (Last, First, Middle Initial) Andrew Silinsh		Date of Receipt MM / DD / YYYY 10 / 07 / 2009
Mailing Address 2 Blacksmith Rd		Transaction ID: 91016.C176474
City Chelmsford	State MA	Zip Code 01824
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Simoneau		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 11 Ship St		Transaction ID: 91016.C176743
City Newburyport	State MA	Zip Code 01950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 30 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
James Sinnott

Mailing Address 8 Nobska Way

City State Zip Code
Wareham MA 02571

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

Name of Employer Dept of Homeland Security Occupation Special Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 91016.C176404

Amount of Each Receipt this Period 110.00

Receipt

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

Mailing Address 85 Monadnock Rd.

City State Zip Code
Wellesley MA 02481

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

Name of Employer Columbia University Occupation Academic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1675.00

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

Transaction ID: 91016.C176509

Amount of Each Receipt this Period 250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lois Stebbins

Mailing Address 67 Dover Rd.

City State Zip Code
Longmeadow MA 01106

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 ▼ 155.00

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

Transaction ID: 91016.C176565

Amount of Each Receipt this Period 55.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 415.00

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 31 / 68

(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)
Lois Stebbins

Mailing Address 67 Dover Rd.

City State Zip Code
Longmeadow MA 01106

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 ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y
10 / 20 / 2009

Transaction ID: 91021.C176858

Amount of Each Receipt this Period 55.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Gilbert Steward

Mailing Address 137 Larch Row

City State Zip Code
Wenham MA 01984

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 ▼ 4250.00

Date of Receipt M M / D D / Y Y Y Y Y
10 / 15 / 2009

Transaction ID: 91016.C176641

Amount of Each Receipt this Period 250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Patricia Tucker

Mailing Address 4 Sturbridge Rd.

City State Zip Code
Wellesley MA 02481

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation At home

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt M M / D D / Y Y Y Y Y
10 / 31 / 2009

Transaction ID: 91116.C176912

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) 505.00

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 32 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Claudia Viglione	Date of Receipt MM / DD / YYYY 10 / 07 / 2009
	Mailing Address 4 Canal Park Apt 305	Transaction ID: 91016.C176488
	City State Zip Code Cambridge MA 02141-2209	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Boston Culinary Group Payroll Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Brad Williams	Date of Receipt MM / DD / YYYY 10 / 31 / 2009
	Mailing Address 29 Furbush Road	Transaction ID: 91116.C176903
	City State Zip Code Boston MA 02132	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Information Requested Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.00	

C.	Full Name (Last, First, Middle Initial) George Young	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 235 Walker St. Apt 252	Transaction ID: 91016.C176778
	City State Zip Code Lenox MA 01240	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

SUBTOTAL of Receipts This Page (optional)	▶	375.00
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 33 / 68	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) John Zvara		Date of Receipt																					
	Mailing Address 8 Childs Rd		<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>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	9		2	0	0	9														
	City	State	Zip Code		Transaction ID: 91016.C176562																			
	Lexington	MA	02421																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer Retired		Occupation Retired		50.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Receipt																				
		450.00																						

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	40369.33

**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) Bank of America	Transaction ID: 91216.E11747 Date of Disbursement 10 / 15 / 2009
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 25.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Bank 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) ▼
		BANK FEE

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 91116.E11694 Date of Disbursement 10 / 30 / 2009
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 6.00
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Bank 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) ▼
		BANK FEE

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 91116.E11693 Date of Disbursement 10 / 30 / 2009
	Mailing Address 104 Canal Street	Amount of Each Disbursement this Period 41.85
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Bank 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) ▼
		BANK FEE

SUBTOTAL of Disbursements This Page (optional) ▶

72.85

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 68

<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) Blue Cross Blue Shield of Massachusetts	Transaction ID: 91116.E11667 Date of Disbursement 10 / 22 / 2009
	Mailing Address Landmark Center 401 Park Drive	Amount of Each Disbursement this Period 148.31
	City Boston	State MA
	Zip Code 02215-	Category/ Type
	Purpose of Disbursement Health Insurance	HEALTH INSURANCE
	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) Byte Bulb	Transaction ID: 91116.E11669 Date of Disbursement 10 / 22 / 2009
	Mailing Address The Trimount Company, Inc. 75 Meadowbrook RD.	Amount of Each Disbursement this Period 110.00
	City Hanover	State MA
	Zip Code 02339-	Category/ Type
	Purpose of Disbursement Party related website development	PARTY RELATED WEBSITE DEV- ELOPMENT
	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) Css Castle Self-Storage	Transaction ID: 91116.E11670 Date of Disbursement 10 / 22 / 2009
	Mailing Address 39 Old Colony Ave.	Amount of Each Disbursement this Period 49.35
	City Boston	State MA
	Zip Code 02127-	Category/ Type
	Purpose of Disbursement Rent for Storage Unit	RENT FOR STORAGE UNIT
	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) ▶

307.66

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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) Kauppi Communications	Transaction ID: 91116.E11664 Date of Disbursement 10 / 15 / 2009
	Mailing Address 27 Townly Road	Amount of Each Disbursement this Period 3000.00
	City Watertown State MA Zip Code 02472-	
	Purpose of Disbursement Communications Consulting Fee - party related non FEA	COMMUNICATIONS CONSULTING FEE - PARTY RELATED NON FEA
	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) FLS Connect	Transaction ID: 91116.E11632 Date of Disbursement 10 / 02 / 2009
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 2248.95
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement party related telemarket fundraising	PARTY RELATED TELEMARKE T FUNDRAISING
	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: 91116.E11663 Date of Disbursement 10 / 15 / 2009
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 1548.65
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement party related telemarket fundraising	PARTY RELATED TELEMARKE T FUNDRAISING
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	6797.60
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 68

<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: 91116.E11681 Date of Disbursement 10 / 29 / 2009
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 3679.00
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement Payment of debt for party related telemarket fundraising	PAYMENT OF DEBT FOR PARTY RELATED TELEMARKET FUNDRAISING
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 91208.E11729 Date of Disbursement 10 / 29 / 2009
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 3243.20
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement telemarketing for fundraising	TELEMARKETING FOR FUNDRAISING
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 91116.E11695 Date of Disbursement 10 / 02 / 2009
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 361.00
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement Reimbursement See Below:	REIMBURSEMENT SEE BELOW:
	Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7283.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Css Castle Self-Storage Mailing Address 39 Old Colony Ave. City Boston State MA Zip Code 02127-	Transaction ID: 91116.E11696 Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 361.00
Purpose of Disbursement N. Connors reimbursement for rent on storage Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
MEMO: N. CONNORS REIMBURSEMENT FOR RENT ON STORAGE

B. Full Name (Last, First, Middle Initial) Keswick Consulting Mailing Address 231 Victory Road City Quincy State MA Zip Code 02171-	Transaction ID: 91116.E11675 Date of Disbursement 10 / 22 / 2009
	Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Political Consulting Fee - party related 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) ▼

POLITICAL CONSULTING FEE - PARTY RELATED NON FEA

C. Full Name (Last, First, Middle Initial) Copy Cop Mailing Address 12 Channel St. City Boston State MA Zip Code 02210-	Transaction ID: 91116.E11631 Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 544.93
Purpose of Disbursement Postage for invitations party related 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) ▼

POSTAGE FOR INVITATIONS PARTY RELATED NON-FEA

SUBTOTAL of Disbursements This Page (optional) ▶

3544.93

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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) Copy Cop	Transaction ID: 91116.E11629 Date of Disbursement
	Mailing Address 12 Channel St.	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Boston State MA Zip Code 02210-	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing for Invitations party related non-fea	<input type="text" value="1909.84"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING FOR INVITATIONS PARTY RELATED NON-FEA

B.	Full Name (Last, First, Middle Initial) Copy Cop	Transaction ID: 91116.E11638 Date of Disbursement
	Mailing Address 12 Channel St.	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Boston State MA Zip Code 02210-	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing for envelopes party related non-fea	<input type="text" value="355.93"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING FOR ENVELOPES PA- RTY RELATED NON-FEA

C.	Full Name (Last, First, Middle Initial) Vincent DeVito	Transaction ID: 91116.E11704 Date of Disbursement
	Mailing Address One Longfellow Place, #2018	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Boston State MA Zip Code 02114-	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement See below:	<input type="text" value="219.20"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT SEE BELOW:

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2484.97"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
US AIRWAYS US AIRWAYS

Mailing Address Logan Airport

City Boston State MA Zip Code 02128-

Purpose of Disbursement V.Devito Reimbursement for airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91116.E11707
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: V.DEVITO REIMBURSEMENT FOR AIRFARE

B. Full Name (Last, First, Middle Initial)
Vincent DeVito

Mailing Address One Longfellow Place, #2018

City Boston State MA Zip Code 02114-

Purpose of Disbursement Reimbursement for parking food and travel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91116.E11706
Date of Disbursement

/ /

Amount of Each Disbursement this Period

REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C. Full Name (Last, First, Middle Initial)
Vincent DeVito

Mailing Address One Longfellow Place, #2018

City Boston State MA Zip Code 02114-

Purpose of Disbursement Reimbursement See Below:

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91116.E11705
Date of Disbursement

/ /

Amount of Each Disbursement this Period

REIMBURSEMENT SEE BELOW:

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DC Courtyard Marriot</p> <p>Mailing Address 1900 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement V. Devito reimbursement for hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11709 Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 280.12</p> <p>[MEMO ITEM] MEMO: V. DEVITO REIMBURSEMENT FOR HOTEL</p>
<p>B. Full Name (Last, First, Middle Initial) DirecTV DirecTV</p> <p>Mailing Address PO Box 60036</p> <p>City Los Angeles State CA Zip Code 90060-0036</p> <p>Purpose of Disbursement Cable Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11671 Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 50.41</p> <p>CABLE SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030-</p> <p>Purpose of Disbursement Reimbursement See Below:</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11697 Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 269.90</p> <p>REIMBURSEMENT SEE BELOW:</p>

SUBTOTAL of Disbursements This Page (optional) ▶

320.31

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

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

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

FOR LINE NUMBER:
(check only one)

<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) AlphaGraphics AlphaGraphics	Transaction ID: 91116.E11698 Date of Disbursement 10 / 01 / 2009
	Mailing Address 74 Canal Street	Amount of Each Disbursement this Period 269.90
	City Boston State MA Zip Code 02114- Purpose of Disbursement T. Donoghue Reimbursement for party related banner Candidate Name	[MEMO ITEM] MEMO: T. DONOGHUE REIMBURSEMENT FOR PARTY RELATED BANNER
	Office Sought: <input type="checkbox"/> House <input 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) Federal Express (Fed Ex)	Transaction ID: 91116.E11662 Date of Disbursement 10 / 15 / 2009
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 207.65
	City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement Express Mail Candidate Name	EXPRESS MAIL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 91208.E11728 Date of Disbursement 10 / 22 / 2009
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 150.06
	City Pittsburgh State PA Zip Code 15250- Purpose of Disbursement express mail Candidate Name	EXPRESS MAIL
	Office Sought: <input type="checkbox"/> House <input 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) ▶

357.71

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) Guardian Guardian	Transaction ID: 91116.E11615 Date of Disbursement 10 / 01 / 2009
	Mailing Address Boston Group Office 1 Liberty Square	Amount of Each Disbursement this Period 129.93
	City Boston State MA Zip Code 02109-	
	Purpose of Disbursement Dental 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) ▼
		DENTAL INSURANCE

B.	Full Name (Last, First, Middle Initial) Hampshire House	Transaction ID: 91116.E11623 Date of Disbursement 10 / 01 / 2009
	Mailing Address 84 Beacon St.	Amount of Each Disbursement this Period 461.75
	City Boston State MA Zip Code 02108-	
	Purpose of Disbursement Deposit for Room Rental and Catering for Fundraiser Party Related - 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) ▼
		DEPOSIT FOR ROOM RENTAL AND CATERING FOR FUNDRAISER PARTY RELATED - NON FEA

C.	Full Name (Last, First, Middle Initial) Hampshire House	Transaction ID: 91116.E11651 Date of Disbursement 10 / 22 / 2009
	Mailing Address 84 Beacon St.	Amount of Each Disbursement this Period 246.87
	City Boston State MA Zip Code 02108-	
	Purpose of Disbursement Catering for party-related fundraising event	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) ▼
		CATERING FOR PARTY-RELATED FUNDRAISING EVENT

SUBTOTAL of Disbursements This Page (optional)	838.55
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) Political Ink Inc	Transaction ID: 91116.E11646 Date of Disbursement 10 / 29 / 2009
	Mailing Address: Martin Baker 2924 Bells Road	Amount of Each Disbursement this Period 2012.50
	City: Richmond State: VA Zip Code: 23234-	
	Purpose of Disbursement: Printing for party related fundraising brochure Candidate Name: _____	Category/Type: _____
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING FOR PARTY RELATED FUNDRAISING BROCHURE

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 91116.E11634 Date of Disbursement 10 / 02 / 2009
	Mailing Address: 16 Oval Road	Amount of Each Disbursement this Period 74.98
	City: Quincy State: MA Zip Code: 02170-	
	Purpose of Disbursement: L. Jones reimbursement for parking food and 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) ▼
		L. JONES REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 91116.E11645 Date of Disbursement 10 / 29 / 2009
	Mailing Address: 16 Oval Road	Amount of Each Disbursement this Period 51.42
	City: Quincy State: MA Zip Code: 02170-	
	Purpose of Disbursement: L. Jones reimbursement for parking food and 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) ▼
		L. JONES REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

SUBTOTAL of Disbursements This Page (optional)	2138.90
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Keene	Transaction ID: 91116.E11682 Date of Disbursement 10 / 29 / 2009
	Mailing Address 76 Locksley Rd.	Amount of Each Disbursement this Period 1014.50
	City Lynnfield State MA Zip Code 01940- Purpose of Disbursement accounting services Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES

B.	Full Name (Last, First, Middle Initial) Amy Kelly	Transaction ID: 91116.C177107IK Date of Disbursement 10 / 27 / 2009
	Mailing Address 157 Rice Road	Amount of Each Disbursement this Period 850.00
	City Quincy State MA Zip Code 02170- Purpose of Disbursement In-Kind donation of photography services for party related event Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: IN-KIND DONATION OF PHOTOGRAPHY SERVICES FOR PARTY RELATED EVENT

C.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 91116.E11628 Date of Disbursement 10 / 02 / 2009
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 652.80
	City Boston State MA Zip Code 02110- Purpose of Disbursement Credit Card Fee Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)	2517.30
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) Konica Minolta Business Systems	Transaction ID: 91116.E11633
	Mailing Address P.O. Box 7247-0322	Date of Disbursement 10 / 02 / 2009
	City Philadelphia State PA Zip Code 19170-0322	Amount of Each Disbursement this Period 963.43
	Purpose of Disbursement Payment of Debt for printed copies party related	PAYMENT OF DEBT FOR PRINTED COPIES PARTY RELATED
	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: 91208.E11731
	Mailing Address P.O. Box 7247-0322	Date of Disbursement 10 / 22 / 2009
	City Philadelphia State PA Zip Code 19170-0322	Amount of Each Disbursement this Period 1218.38
	Purpose of Disbursement copier lease	COPIER LEASE
	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) Jennifer Nassour	Transaction ID: 91116.E11699
	Mailing Address 49 Chelsea St., Unit C1-307	Date of Disbursement 10 / 01 / 2009
	City Boston State MA Zip Code 02129-	Amount of Each Disbursement this Period 709.20
	Purpose of Disbursement Reimbursement See Below:	REIMBURSEMENT SEE BELOW:
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2891.01
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jet Blue Airlines

Mailing Address P.O. Box 17435

City Salt Lake City State UT Zip Code 84117-

Purpose of Disbursement J. Nassour Reimbursement for airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91116.E11700
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: J. NASSOUR REIMBURSEMENT FOR AIRFARE

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

Mailing Address 49 Chelsea St., Unit C1-307

City Boston State MA Zip Code 02129-

Purpose of Disbursement Reimburesement see below:

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91116.E11701
Date of Disbursement

/ /

Amount of Each Disbursement this Period

REIMBURSEMENT SEE BELOW:

C. Full Name (Last, First, Middle Initial)
Verizon Verizon Wireless

Mailing Address PO Box 5029

City Wallingford State CT Zip Code 06492-

Purpose of Disbursement J. Nassour reimbursement for Cell Phone

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 91116.E11703
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

MEMO: J. NASSOUR REIMBURSEMENT FOR CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. 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 See Below:</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11702</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 280.00</p> <p>REIMBURSEMENT SEE BELOW:</p>
<p>B. Full Name (Last, First, Middle Initial) Suffolk Superior Court</p> <p>Mailing Address Suffolk County Courthouse 14th Flo Three Pemberton Square</p> <p>City Boston State MA Zip Code 02108-</p> <p>Purpose of Disbursement J. Nassour Reimbursement for court filing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11711</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 280.00</p> <p>[MEMO ITEM] MEMO: J. NASSOUR REIMBURSEMENT FOR COURT FILING</p>
<p>C. Full Name (Last, First, Middle Initial) Ox-Eye Properties</p> <p>Mailing Address c/o Massey & Co. 85 Merrimac Street</p> <p>City Boston State MA Zip Code 02114-</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11625</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 4434.00</p> <p>RENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4714.00

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 49 / 68

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

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

A.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 91116.E11665 Date of Disbursement 10 / 15 / 2009
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 4805.34
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Rent and Utilities	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT AND UTILITIES

B.	Full Name (Last, First, Middle Initial) Ox-Eye Properties	Transaction ID: 91116.E11648 Date of Disbursement 10 / 29 / 2009
	Mailing Address c/o Massey & Co. 85 Merrimac Street	Amount of Each Disbursement this Period 4798.15
	City Boston State MA Zip Code 02114-	
	Purpose of Disbursement Rent and utilities	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RENT AND UTILITIES

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 91116.E11622 Date of Disbursement 10 / 01 / 2009
	Mailing Address PO Box 8295	Amount of Each Disbursement this Period 74.16
	City Boston State MA Zip Code 02266-	
	Purpose of Disbursement Payroll Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL FEE

SUBTOTAL of Disbursements This Page (optional) ▶

9677.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 91116.E11621 Date of Disbursement
	Mailing Address PO Box 8295	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="2634.45"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAX

B.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 91116.E11654 Date of Disbursement
	Mailing Address PO Box 8295	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fee	<input type="text" value="74.16"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL FEE

C.	Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 91116.E11656 Date of Disbursement
	Mailing Address PO Box 8295	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="2364.84"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5073.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11688 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 2363.35 Category/Type PAYROLL TAX

B. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11689 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 81.16 Category/Type PAYROLL FEE

C. Full Name (Last, First, Middle Initial) Paypal Paypal Mailing Address 12312 Port Grace Blvd City La Vista State NE Zip Code 68128- Purpose of Disbursement Credit Card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11637 Date of Disbursement 10 / 05 / 2009
	Amount of Each Disbursement this Period 30.00 Category/Type CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶	2474.51
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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) Paypal Paypal Mailing Address 12312 Port Grace Blvd City La Vista State NE Zip Code 68128- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11640 Date of Disbursement 10 / 12 / 2009
	Amount of Each Disbursement this Period 128.63 CREDIT CARD FEE

B. Full Name (Last, First, Middle Initial) Paypal Paypal Mailing Address 12312 Port Grace Blvd City La Vista State NE Zip Code 68128- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11666 Date of Disbursement 10 / 19 / 2009
	Amount of Each Disbursement this Period 235.43 CREDIT CARD FEE

C. Full Name (Last, First, Middle Initial) Paypal Paypal Mailing Address 12312 Port Grace Blvd City La Vista State NE Zip Code 68128- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11692 Date of Disbursement 10 / 30 / 2009
	Amount of Each Disbursement this Period 229.95 CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional) ▶

594.01

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottled Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11635 Date of Disbursement 10 / 02 / 2009	Amount of Each Disbursement this Period 146.98 BOTTLED WATER
B.	Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottled Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11676 Date of Disbursement 10 / 22 / 2009	Amount of Each Disbursement this Period 55.81 BOTTLED WATER
C.	Full Name (Last, First, Middle Initial) Vox Populi Mailing Address 755 Boylston St. City Boston State MA Zip Code 02114- Purpose of Disbursement Food for party related fundraiser non-fea Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11691 Date of Disbursement 10 / 29 / 2009	Amount of Each Disbursement this Period 333.45 FOOD FOR PARTY RELATED FU-NDRAISER NON-FEA

SUBTOTAL of Disbursements This Page (optional) ▶

536.24

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Postmaster	Transaction ID: 91116.E11626 Date of Disbursement 10 / 01 / 2009
	Mailing Address JW MCCORMACK STATION New Chardon Street	Amount of Each Disbursement this Period 220.00
	City: Boston State: MA Zip Code: 02114-	
	Purpose of Disbursement Non-FEA Party Related Postage	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) ▼
		NON-FEA PARTY RELATED POSTAGE

B.	Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 91208.E11733 Date of Disbursement 10 / 09 / 2009
	Mailing Address JW MCCORMACK STATION New Chardon Street	Amount of Each Disbursement this Period 150.00
	City: Boston State: MA Zip Code: 02114-	
	Purpose of Disbursement postage permit renewal - party related	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) ▼
		POSTAGE PERMIT RENEWAL - PARTY RELATED

C.	Full Name (Last, First, Middle Initial) Boston Postmaster	Transaction ID: 91116.E11677 Date of Disbursement 10 / 22 / 2009
	Mailing Address JW MCCORMACK STATION New Chardon Street	Amount of Each Disbursement this Period 405.00
	City: Boston State: MA Zip Code: 02114-	
	Purpose of Disbursement non-fea party related postage	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) ▼
		NON-FEA PARTY RELATED POSTAGE

SUBTOTAL of Disbursements This Page (optional)	775.00
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 55 / 68

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

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

<p>A. Full Name (Last, First, Middle Initial) Mak Productions</p> <p>Mailing Address 123 Hill Street</p> <p>City Fall River State MA Zip Code 02723-</p> <p>Purpose of Disbursement party related shirts for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91208.E11732</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 352.50</p> <p>PARTY RELATED SHIRTS FOR VOLUNTEERS</p>
<p>B. Full Name (Last, First, Middle Initial) Sprint/Nextel</p> <p>Mailing Address PO Box 17990</p> <p>City Denver State CO Zip Code 80217-</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11678</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 246.53</p> <p>CELL PHONE</p>
<p>C. Full Name (Last, First, Middle Initial) Staples, Inc.</p> <p>Mailing Address Staples Credit Plan Dept. 80 - 0088936796</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11636</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1600.30</p> <p>OFFICE SUPPLIES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2199.33

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) Staples, Inc.	Transaction ID: 91116.E11679 Date of Disbursement 10 / 22 / 2009
	Mailing Address: Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 1188.09
	City: Des Moines State: IA Zip Code: 50368-9020	
	Purpose of Disbursement: Office Supplies Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Blue Swarm	Transaction ID: 91116.E11668 Date of Disbursement 10 / 22 / 2009
	Mailing Address: 70 Broadway	Amount of Each Disbursement this Period 271.42
	City: Westford State: MA Zip Code: 01886-	
	Purpose of Disbursement: Website Development party related non-fea Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	WEBSITE DEVELOPMENT PARTY RELATED NON-FEA

C.	Full Name (Last, First, Middle Initial) Direct Mail Systems	Transaction ID: 91116.E11661 Date of Disbursement 10 / 15 / 2009
	Mailing Address: 12450 Automobile Boulevard	Amount of Each Disbursement this Period 3666.25
	City: Clearwater State: FL Zip Code: 33762-	
	Purpose of Disbursement: Direct Mail - party related non FEA Candidate Name: _____ Category/Type: _____	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	DIRECT MAIL - PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional)	5125.76
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 68

<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) Direct Mail Systems Mailing Address 12450 Automobile Boulevard City Clearwater State FL Zip Code 33762- Purpose of Disbursement Direct Mail - party related non FEA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11642 Date of Disbursement 10 / 29 / 2009
	Amount of Each Disbursement this Period 3820.76 DIRECT MAIL - PARTY RELATED NON FEA

B. Full Name (Last, First, Middle Initial) Direct Mail Systems Mailing Address 12450 Automobile Boulevard City Clearwater State FL Zip Code 33762- Purpose of Disbursement Direct Mail - party related non FEA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11644 Date of Disbursement 10 / 30 / 2009
	Amount of Each Disbursement this Period 690.00 DIRECT MAIL - PARTY RELATED NON FEA

C. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 1 City Worcester State MA Zip Code 01654- Purpose of Disbursement Office Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91116.E11627 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 523.48 OFFICE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	5034.24
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 68

<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)

Verizon

Mailing Address P.O. Box 1

City Worcester State MA Zip Code 01654-

Purpose of Disbursement
Office Phone Service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91116.E11680

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

520.15

OFFICE PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

520.15

TOTAL This Period (last page this line number only)

66965.83

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 68

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

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

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

New Hampshire Republican State Committee

Mailing Address 10 Water Street

City State Zip Code
Concord NH 03301-

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91116.E11712

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

738.57

SUBTOTAL of Disbursements This Page (optional)

738.57

TOTAL This Period (last page this line number only)

738.57

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 68

<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) Nick Connors	Transaction ID: 91116.E11616 Date of Disbursement 10 / 01 / 2009
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1938.88
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 91116.E11655 Date of Disbursement 10 / 15 / 2009
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1938.87
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Nick Connors	Transaction ID: 91116.E11683 Date of Disbursement 10 / 29 / 2009
	Mailing Address 74 Green Street	Amount of Each Disbursement this Period 1938.87
	City Stoneham State MA Zip Code 02180-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	5816.62
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 68

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11617</p> <p>Date of Disbursement 10 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1584.78</p> <p>PAYROLL</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11657</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1584.79</p> <p>PAYROLL</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tarah Donoghue</p> <p>Mailing Address 3 Main Street</p> <p>City Dover State MA Zip Code 02030-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11684</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1584.78</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4754.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 68

<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) Kaitlyn Greeley	Transaction ID: 91116.E11618 Date of Disbursement 10 / 01 / 2009
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 657.40
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 91116.E11658 Date of Disbursement 10 / 15 / 2009
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 657.37
	Purpose of Disbursement payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Kaitlyn Greeley	Transaction ID: 91116.E11685 Date of Disbursement 10 / 29 / 2009
	Mailing Address 34 Fresno St.	
	City Boston State MA Zip Code 02131-	Amount of Each Disbursement this Period 657.37
	Purpose of Disbursement Payroll Candidate Name	PAYROLL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1972.14
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 91116.E11619 Date of Disbursement 10 / 01 / 2009
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1315.24
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 91116.E11659 Date of Disbursement 10 / 15 / 2009
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1315.13
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 91116.E11686 Date of Disbursement 10 / 29 / 2009
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1315.13
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	3945.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11620</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="236.12"/></p> <p>PAYROLL</p>
<p>B. Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11660</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="183.66"/></p> <p>PAYROLL</p>
<p>C. Full Name (Last, First, Middle Initial) Brett Kasper</p> <p>Mailing Address 43 Eastern Ave. Apt. 3</p> <p>City Lynn State MA Zip Code 01902-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91116.E11687</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="183.65"/></p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="603.43"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17092.04"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		Transaction ID: LS90513.E11275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		Transaction ID: LS90513.E11276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		Transaction ID: LS90513.E11277	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1750.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 66 / 68
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Konica Minolta Business Systems	Nature of Debt (Purpose): Payment of Debt for printed copies party related
Mailing Address P.O. Box 7247-0322	
City Philadelphia State PA ZIP Code 19170-0322	

Outstanding Balance Beginning This Period 963.43	Transaction ID: LS91116.E11633	
Amount Incurred This Period 0.00	Payment This Period 963.43	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FLS Connect	Nature of Debt (Purpose): Payment of debt for party related telemarket fundraising
Mailing Address 7300 Hudson Blvd. Ste	
City Saint Paul State MN ZIP Code 55128-	

Outstanding Balance Beginning This Period 3679.00	Transaction ID: LS91116.E11681	
Amount Incurred This Period 0.00	Payment This Period 3679.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	1750.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1750.00

**SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

FORMER GOVERNORS RECEPTION

ACTIVITY IS:

- Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

- New Revised Same as Previously Reported

FEDERAL %

30.00 %

NONFEDERAL %

70.00 %

**Transaction ID:
H2191208.J67**

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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

A. Full Name (Last, First, Middle Initial) Boston Harbor Hotel			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 70 Rowes Wharf			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">7279.03</div>	
City Boston	State MA	Zip Code 02110-	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Catering for party related fundraising event			Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9	
Activity or Event Identifier: FORMER GOVERNORS RECEPTION			Transaction ID: H491116.E11641	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.34		920.14		1314.48

B. Full Name (Last, First, Middle Initial) Boston Harbor Hotel			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 70 Rowes Wharf			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%;">5964.55</div>	
City Boston	State MA	Zip Code 02110-	Category/ Type <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
Purpose of Disbursement: Catering for party related fundraising event			Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 9	
Activity or Event Identifier: FORMER GOVERNORS RECEPTION			Transaction ID: H491116.E11650	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1789.37		4175.18		5964.55

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2183.71		5095.32		7279.03

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2183.71		5095.32		7279.03