

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
MASSACHUSETTS VICTORY COMMITTEE

ADDRESS (number and street) 310 FIRST STREET, SE
Check if different than previously reported. (ACC) WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00549782 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 Year-End 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 (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE [Electronically Filed] Date 10 / 15 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="34408.74"/>	<input type="text" value="34408.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50464.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="384310.00"/>	<input type="text" value="1040666.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="434774.04"/>	<input type="text" value="1075074.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="274268.25"/>	<input type="text" value="914569.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="160505.79"/>	<input type="text" value="160505.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	383200.00	1039150.00
(ii) Unitemized	110.00	410.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	383310.00	1039560.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	384310.00	1040560.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	106.05
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 Transfers (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))..... ▶	384310.00	1040666.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	384310.00	1040666.05

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	70881.99	202354.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	70881.99	202354.52
22. Transfers to Affiliated/Other Party Committees.....	193386.26	702214.48
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	10000.00	10000.00
(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)).....	10000.00	10000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	274268.25	914569.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	274268.25	914569.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	384310.00	1040560.00
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	374310.00	1030560.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	70881.99	202354.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	106.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	70881.99	202248.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
	<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	

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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DAVID C. ABRAMS			Date of Receipt MM / DD / YYYY 07 / 31 / 2014
Mailing Address 20 LOWELL LANE			Transaction ID : SA11AI.4665
City BROOKLINE	State MA	Zip Code 02445	Amount of Each Receipt this Period 42400.00
FEC ID number of contributing federal political committee. C			
Name of Employer ABRAMS CAPITAL, LLC	Occupation INVESTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 42400.00		

Full Name (Last, First, Middle Initial) B. MR. WILLIAM F ACHTMEYER			Date of Receipt MM / DD / YYYY 09 / 29 / 2014
Mailing Address 50 ROWES WHARF			Transaction ID : SA11AI.4702
City BOSTON	State MA	Zip Code 02110	Amount of Each Receipt this Period 15000.00
FEC ID number of contributing federal political committee. C			
Name of Employer THE PARTHENON GROUP	Occupation CHAIRMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00		

Full Name (Last, First, Middle Initial) C. DANIEL BATHON			Date of Receipt MM / DD / YYYY 07 / 21 / 2014
Mailing Address 52 WALTHAM STREET			Transaction ID : SA11AI.4656
City LEXINGTON	State MA	Zip Code 02421	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C			
Name of Employer WINDSPEED VENTURES	Occupation GENERAL PARTNER AND CHAIRMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional).....▶	67400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 54
<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DANIEL BATHON		Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : SA11AI.4657
Mailing Address 52 WALTHAM STREET		Amount of Each Receipt this Period 10000.00
City LEXINGTON	State MA	Zip Code 02421
FEC ID number of contributing federal political committee. C	Name of Employer WINDSPEED VENTURES	Occupation GENERAL PARTNER AND CHAIRMAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20000.00	

Full Name (Last, First, Middle Initial) B. MR. ROBERT L BEAL		Date of Receipt MM / DD / YYYY 09 / 19 / 2014 Transaction ID : SA11AI.4687
Mailing Address 177 MILK STREET		Amount of Each Receipt this Period 37400.00
City BOSTON	State MA	Zip Code 02109
FEC ID number of contributing federal political committee. C	Name of Employer BEAL COMPANIES	Occupation REAL ESTATE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 37400.00	

Full Name (Last, First, Middle Initial) C. MR. ERNEST BOCH JR.		Date of Receipt MM / DD / YYYY 08 / 26 / 2014 Transaction ID : SA11AI.4677
Mailing Address 95 MORSE ROAD		Amount of Each Receipt this Period 10000.00
City NORWOOD	State MA	Zip Code 02062
FEC ID number of contributing federal political committee. C	Name of Employer BOCH ENTERPRISES	Occupation PRESIDENT & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	57400.00
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 8 OF 54
<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DAVID J BREAZZANO		Date of Receipt
Mailing Address 193 DUTTON ROAD		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
SUDBURY	MA	01776
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4675
Name of Employer	Occupation	Amount of Each Receipt this Period
DDJ CAPITAL MANAGEMENT, LLC	INVESTMENTS	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="37200.00"/>	

Full Name (Last, First, Middle Initial) B. MR. ANDREW J BYRNE		Date of Receipt
Mailing Address 61 TUPELO ROAD		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
MARSHFIELD	MA	02050
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4685
Name of Employer	Occupation	Amount of Each Receipt this Period
IHS	FINANCIAL ANALYST	<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) C. MR. JOHN E CORCORAN		Date of Receipt
Mailing Address 95 APPLE STREET		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
ESSEX	MA	01929
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4673
Name of Employer	Occupation	Amount of Each Receipt this Period
TRINITY PARTNERS LLC	PRESIDENT	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="13000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
	<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 VICTORY COMMITTEE

A. MR. JAMES S DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 48 SARGENT STREET

City NEWTON State MA Zip Code 02458

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

Name of Employer Occupation
NEW BALANCE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
09 / 28 / 2014
Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
40000.00

B. MR. JOHN A DETORE
Full Name (Last, First, Middle Initial)

Mailing Address 4 REALTON ROAD

City WEST ROXBURY State MA Zip Code 02132

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

Name of Employer Occupation
RUBIN & RUDMAN ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 05 / 2014
Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
5000.00

C. ALEXANDRA DRANE
Full Name (Last, First, Middle Initial)

Mailing Address 75 SYLVAN STREET

City DANVERS State MA Zip Code 01923

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

Name of Employer Occupation
ELIZA CORPORATION FOUNDER/CHAIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
09 / 30 / 2014
Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55000.00

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 10 OF 54
<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 VICTORY COMMITTEE

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

Mailing Address 300 BOYLSTON STREET #703

City BOSTON	State MA	Zip Code 02116
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FEC ID number of contributing federal political committee. **C**

Name of Employer HORIZON BEVERAGE GROUP	Occupation CEO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2014

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period
25000.00

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

Mailing Address 4 WOODCHESTER ROAD

City WELLESLEY	State MA	Zip Code 02481
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FEC ID number of contributing federal political committee. **C**

Name of Employer BAIN CAPITAL, LLC	Occupation INVESTOR
---------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2014

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
5000.00

C. MS. CYNTHIA FISHER
Full Name (Last, First, Middle Initial)

Mailing Address 186 PARK STREET

City NEWTON	State MA	Zip Code 02458
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FEC ID number of contributing federal political committee. **C**

Name of Employer WATERREV, LLC	Occupation MANAGING DIRECTOR
-----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
42400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2014

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
12400.00

SUBTOTAL of Receipts This Page (optional).....	42400.00
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 11 OF 54
	<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 VICTORY COMMITTEE

A. MR. WILLIAM HELMAN
Full Name (Last, First, Middle Initial)

Mailing Address 100 BEACON STREET #9B

City BOSTON State MA Zip Code 02116

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

Name of Employer GREYLOCK Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period
5000.00

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

Mailing Address 27 HARVEST CIRCLE

City LINCOLN State MA Zip Code 01775

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

Name of Employer HOSKINS & ASSOCIATES Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
3000.00

C. MR. JOHN A KANEB
Full Name (Last, First, Middle Initial)

Mailing Address 34 MASCONOMO STREET

City MANCHESTER State MA Zip Code 01944

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

Name of Employer HP HOOD LLC Occupation CHAIRMAN, PRESIDENT, AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period
40000.00

SUBTOTAL of Receipts This Page (optional).....▶	48000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
	<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. STIG LESCHLY		Date of Receipt
Mailing Address 115 BUCKMINSTER ROAD		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
BROOKLINE	MA	02445
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4689
Name of Employer	Occupation	Amount of Each Receipt this Period
MATCH EDUCATION	CEO	<input type="text" value="14000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="14000.00"/>	

Full Name (Last, First, Middle Initial) B. MS. SUSAN MACDOUGALL		Date of Receipt
Mailing Address 121 LIVINGSTON ROAD		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
WELLESLEY	MA	02482
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4695
Name of Employer	Occupation	Amount of Each Receipt this Period
HOMEMAKER	HOMEMAKER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. MITCHELL MCCULLOUGH		Date of Receipt
Mailing Address 90 VIA LOS ALTOS		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
TIBURON	CA	94920
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4683
Name of Employer	Occupation	Amount of Each Receipt this Period
TWO OCEAN CAPITAL	PRESIDENT	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="19500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. MR. JOHN MCDONNELL		Date of Receipt
Mailing Address 63 ATLANTIC AVE #7E		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.4652
BOSTON	MA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="10000.00"/>
Name of Employer	Occupation	
FIFTH GENERATION	MANAGING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="20000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. JOHN MCDONNELL		Date of Receipt
Mailing Address 63 ATLANTIC AVE #7E		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.4700
BOSTON	MA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
FIFTH GENERATION	MANAGING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. JAMES F MOONEY III		Date of Receipt
Mailing Address 171 EDMUNDS ROAD		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.4706
WELLESLEY	MA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="25000.00"/>
Name of Employer	Occupation	
THE BAUPOST GROUP LLC	INVESTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="40000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
<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 VICTORY COMMITTEE

A. MR. MARK MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 21 KENILWORTH ROAD

City WELLESLEY	State MA	Zip Code 02482
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FEC ID number of contributing federal political committee. **C**

Name of Employer BAIN CAPITAL	Occupation MANAGING DIRECTOR
----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
6000.00

B. JOHN PEARSON
Full Name (Last, First, Middle Initial)

Mailing Address 99 BELMONT STREET

City LOWELL	State MA	Zip Code 01852
----------------	-------------	-------------------

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

Name of Employer PEARSON & PEARSON LLP	Occupation ATTORNEY AT LAW
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2014

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period
2500.00

C. GORDON PULSIFER
Full Name (Last, First, Middle Initial)

Mailing Address 55 BRIDGE STREET PO BOX 265

City NORWELL	State MA	Zip Code 02061
-----------------	-------------	-------------------

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

Name of Employer FIRST RESOURCE DEVELOPMENT CO	Occupation REAL ESTATE DEVELOPMENT
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	9500.00
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 OF 54
(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 VICTORY COMMITTEE

A. SCOTT A SCHOEN
Full Name (Last, First, Middle Initial)
Mailing Address 535 BOYLSTON STREET
NINTH FLOOR
City BOSTON State MA Zip Code 02116
FEC ID number of contributing federal political committee. **C**
Name of Employer BAYLON CAPITAL MANAGEMENT, LLC Occupation INVESTMENT MANAGEMENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 9500.00

Date of Receipt 09 / 09 / 2014
Transaction ID : SA11AI.4679
Amount of Each Receipt this Period 4500.00

B. MR. ALEXANDER SEAVER
Full Name (Last, First, Middle Initial)
Mailing Address 510 WEST ROAD
City NEW CANAAN State CT Zip Code 06840
FEC ID number of contributing federal political committee. **C**
Name of Employer STADIUM CAPITAL MANAGEMENT LLC Occupation INVESTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.4649
Amount of Each Receipt this Period 10000.00

C. MS. CHRISTINE SEAVER
Full Name (Last, First, Middle Initial)
Mailing Address 210 WEST ROAD
City NEW CANAAN State CT Zip Code 06840
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 09 / 2014
Transaction ID : SA11AI.4651
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....▶ 19500.00
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 16 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. STEVEN SNIDER
Full Name (Last, First, Middle Initial)

Mailing Address 122 SHORNECLIFFE RD

City NEWTON State MA Zip Code 02458

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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2014

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
 1500.00

B. BRADFORD WARNER
Full Name (Last, First, Middle Initial)

Mailing Address 19 KRESS FARM RD

City HINGHAM State MA Zip Code 02043

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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
 2500.00

C. DAVID C. WEINSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 158 COTTON STREET

City NEWTON State MA Zip Code 02158

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

Name of Employer SELF Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.4663

Amount of Each Receipt this Period
 7500.00

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	383200.00

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

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

FOR LINE NUMBER: PAGE 17 OF 54
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. BGR PAC
Full Name (Last, First, Middle Initial)
Mailing Address 601 THIRTEENTH STREET, NW
ELEVENTH FLOOR SOUTH
City WASHINGTON State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00359588
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2014
Transaction ID : SA11C.4681
Amount of Each Receipt this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMARI BAR AND RISTORANTE

Mailing Address 674 ROUT 6A

City EAST SANDWICH State MA Zip Code 02537

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2014

Transaction ID : SB21B.4737

Amount of Each Disbursement this Period

241.11

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SB21B.4795

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB21B.4796

Amount of Each Disbursement this Period

43.50

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

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

292.56

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB21B.4797

Amount of Each Disbursement this Period

289.15

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SB21B.4798

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : SB21B.4799

Amount of Each Disbursement this Period

361.55

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

658.65

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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4800

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BARRETT'S SPIRIT SHOPPE

Mailing Address P.O. BOX 199

City EAST SANDWICH State MA Zip Code 02537

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4739

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BCM CONSULTING

Mailing Address 26 ORCHARD DRIVE

City NORTH READING State MA Zip Code 01864

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4727

Amount of Each Disbursement this Period

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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BCM CONSULTING

Mailing Address 26 ORCHARD DRIVE

City NORTH READING State MA Zip Code 01864

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB21B.4728

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BILLY TSE

Mailing Address 240 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.4741

Amount of Each Disbursement this Period

1028.99

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB, INC.

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB21B.4806

Amount of Each Disbursement this Period

496.82

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

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

2025.81

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BJ'S WHOLESALE CLUB, INC.

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : SB21B.4807

Amount of Each Disbursement this Period

440.32

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB21B.4900

Amount of Each Disbursement this Period

15.10

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB21B.4901

Amount of Each Disbursement this Period

16.56

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

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

471.98

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : SB21B.4902

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SB21B.4903

Amount of Each Disbursement this Period

32.40

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2014

Transaction ID : SB21B.4904

Amount of Each Disbursement this Period

27.75

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

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

75.15

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB21B.4905

Amount of Each Disbursement this Period

14.60

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SB21B.4906

Amount of Each Disbursement this Period

24.20

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Transaction ID : SB21B.4907

Amount of Each Disbursement this Period

18.00

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

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

56.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : SB21B.4908

Amount of Each Disbursement this Period

2	2	.	3	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DEL FRISCO'S STEAKHOUSE

Mailing Address 250 NORTHERN AVE

City State Zip Code
BOSTON MA 02210

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

Transaction ID : SB21B.4752

Amount of Each Disbursement this Period

3	2	4	.	1	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DOMINO'S PIZZA

Mailing Address 1033 MASSACHUSETTS AVE

City State Zip Code
CAMBRIDGE MA 02138

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	4

Transaction ID : SB21B.4921

Amount of Each Disbursement this Period

1	0	2	.	9	3
---	---	---	---	---	---

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

4	4	9	.	3	4
---	---	---	---	---	---

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

4	4	9	.	3	4
---	---	---	---	---	---

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DOMINO'S PIZZA

Mailing Address 1033 MASSACHUSETTS AVE

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.4922

Amount of Each Disbursement this Period

130.11

Full Name (Last, First, Middle Initial)

B. DOMINO'S PIZZA

Mailing Address 1033 MASSACHUSETTS AVE

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.4923

Amount of Each Disbursement this Period

115.12

Full Name (Last, First, Middle Initial)

C. EDWARD A. PALLESCHI

Mailing Address 1 ELLIS ROAD

City SWANMPSCOTT State MA Zip Code 01907

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : SB21B.4730

Amount of Each Disbursement this Period

5077.34

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

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

5322.57

**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)

<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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. EDWARD A. PALLESCHI

Mailing Address 1 ELLIS ROAD

City SWANMPSCOTT State MA Zip Code 01907

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SB21B.4731

Amount of Each Disbursement this Period

5077.34

Full Name (Last, First, Middle Initial)

B. EDWARD A. PALLESCHI

Mailing Address 1 ELLIS ROAD

City SWANMPSCOTT State MA Zip Code 01907

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : SB21B.4732

Amount of Each Disbursement this Period

5077.34

Full Name (Last, First, Middle Initial)

C. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2014

Transaction ID : SB21B.4875

Amount of Each Disbursement this Period

46.43

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

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

10201.11

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FENWAY CHURCH

Mailing Address 69 KILMARNOCK ST

City BOSTON State MA Zip Code 02215

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.4722

Amount of Each Disbursement this Period

326.04

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.4835

Amount of Each Disbursement this Period

132.00

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.4836

Amount of Each Disbursement this Period

135.35

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

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

593.39

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB21B.4876

Amount of Each Disbursement this Period

60.01

Full Name (Last, First, Middle Initial)

B. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB21B.4877

Amount of Each Disbursement this Period

89.04

Full Name (Last, First, Middle Initial)

C. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2014

Transaction ID : SB21B.4878

Amount of Each Disbursement this Period

69.10

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

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

218.15

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : **SB21B.4879**

Amount of Each Disbursement this Period

69.89

Full Name (Last, First, Middle Initial)

B. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2014

Transaction ID : **SB21B.4880**

Amount of Each Disbursement this Period

59.60

Full Name (Last, First, Middle Initial)

C. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2014

Transaction ID : **SB21B.4881**

Amount of Each Disbursement this Period

71.75

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

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

201.24

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB21B.4882

Amount of Each Disbursement this Period

68.36

Full Name (Last, First, Middle Initial)

B. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.4883

Amount of Each Disbursement this Period

53.38

Full Name (Last, First, Middle Initial)

C. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : SB21B.4884

Amount of Each Disbursement this Period

37.71

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

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

159.45

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : SB21B.4885

Amount of Each Disbursement this Period

47.90

Full Name (Last, First, Middle Initial)

B. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : SB21B.4886

Amount of Each Disbursement this Period

31.95

Full Name (Last, First, Middle Initial)

C. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2014

Transaction ID : SB21B.4887

Amount of Each Disbursement this Period

81.89

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

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

161.74

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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : SB21B.4888

Amount of Each Disbursement this Period

22.31

Full Name (Last, First, Middle Initial)

B. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.4889

Amount of Each Disbursement this Period

88.83

Full Name (Last, First, Middle Initial)

C. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.4890

Amount of Each Disbursement this Period

53.07

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

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

164.21

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB21B.4891

Amount of Each Disbursement this Period

82.54

Full Name (Last, First, Middle Initial)

B. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City ALLSTON State MA Zip Code 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2014

Transaction ID : SB21B.4892

Amount of Each Disbursement this Period

76.61

Full Name (Last, First, Middle Initial)

C. HOTEL COMMONWEALTH

Mailing Address 500 COMMONWEALTH AVENUE

City BOSTON State MA Zip Code 02215

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : SB21B.4758

Amount of Each Disbursement this Period

198.32

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

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

357.47

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. JCI LLC

Mailing Address 46 HALL AVE

City WATERTOWN State MA Zip Code 02472

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.4733

Amount of Each Disbursement this Period

10819.75

Full Name (Last, First, Middle Initial)

B. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : SB21B.4842

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.4843

Amount of Each Disbursement this Period

13.00

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

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

10872.75

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.4844

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

B. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.4845

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

C. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.4846

Amount of Each Disbursement this Period

8.00

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

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

92.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.4847

Amount of Each Disbursement this Period

40.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. MADAKET CONSULTING, LLC

Mailing Address 100 TRADE CENTER
SUITE G700

City WOBURN State MA Zip Code 01801

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2014

Transaction ID : SB21B.4734

Amount of Each Disbursement this Period

9776.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. MADAKET CONSULTING, LLC

Mailing Address 100 TRADE CENTER
SUITE G700

City WOBURN State MA Zip Code 01801

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SB21B.4735

Amount of Each Disbursement this Period

5792.00

Category/
Type

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

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

15608.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MERCHANT WAREHOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Mailing Address 1 FEDERAL STREET
2ND FLOOR

Transaction ID : SB21B.4801

City BOSTON State MA Zip Code 02110

Amount of Each Disbursement this Period

37.90

Purpose of Disbursement
MERCHANT FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MERCHANT WAREHOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Mailing Address 1 FEDERAL STREET
2ND FLOOR

Transaction ID : SB21B.4802

City BOSTON State MA Zip Code 02110

Amount of Each Disbursement this Period

555.26

Purpose of Disbursement
MERCHANT FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MERCHANT WAREHOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Mailing Address 1 FEDERAL STREET
2ND FLOOR

Transaction ID : SB21B.4803

City BOSTON State MA Zip Code 02110

Amount of Each Disbursement this Period

479.02

Purpose of Disbursement
MERCHANT FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

1072.18

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MICRO CENTER

Mailing Address 4119 LEAP ROAD

City HILLIARD State OH Zip Code 43026

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB21B.4809

Amount of Each Disbursement this Period

446.22

Full Name (Last, First, Middle Initial)

B. MOOO

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB21B.4766

Amount of Each Disbursement this Period

207.99

Full Name (Last, First, Middle Initial)

C. OCEAN HOUSE CORP.

Mailing Address 421 OLD WHARF ROAD

City DENNIS PORT State MA Zip Code 02639

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SB21B.4768

Amount of Each Disbursement this Period

211.12

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

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

865.33

**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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. OCEAN HOUSE CORP.

Mailing Address 421 OLD WHARF ROAD

City DENNIS PORT State MA Zip Code 02639

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.4769

Amount of Each Disbursement this Period

285.29

Full Name (Last, First, Middle Initial)

B. OCEAN HOUSE CORP.

Mailing Address 421 OLD WHARF ROAD

City DENNIS PORT State MA Zip Code 02639

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

323.08

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : SB21B.4717

Amount of Each Disbursement this Period

3002.88

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

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

3611.25

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : SB21B.4718

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. RISTORANTE FIORE

Mailing Address 250 HANOVER STREET

City BOSTON State MA Zip Code 02113

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Transaction ID : SB21B.4773

Amount of Each Disbursement this Period

282.19

Full Name (Last, First, Middle Initial)

C. RISTORANTE FIORE

Mailing Address 250 HANOVER STREET

City BOSTON State MA Zip Code 02113

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2014

Transaction ID : SB21B.4774

Amount of Each Disbursement this Period

283.26

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

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

3565.45

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RITA'S CATERING

Mailing Address 1935 REVERE BEACH PARKWAY

City EVERETT State MA Zip Code 02149

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB21B.4925

Amount of Each Disbursement this Period

2981.93

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : SB21B.4893

Amount of Each Disbursement this Period

79.00

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2014

Transaction ID : SB21B.4894

Amount of Each Disbursement this Period

56.98

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

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

3117.91

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : SB21B.4895

Amount of Each Disbursement this Period

81.52

Full Name (Last, First, Middle Initial)

B. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2014

Transaction ID : SB21B.4896

Amount of Each Disbursement this Period

53.33

Full Name (Last, First, Middle Initial)

C. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : SB21B.4897

Amount of Each Disbursement this Period

85.28

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

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

220.13

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **SB21B.4898**

Amount of Each Disbursement this Period

5	8	.	9	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	4

Transaction ID : **SB21B.4813**

Amount of Each Disbursement this Period

2	6	.	3	4
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : **SB21B.4814**

Amount of Each Disbursement this Period

4	1	.	9	1
---	---	---	---	---

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

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

5	0	.	4	3	7
---	---	---	---	---	---

5	0	.	4	3	7
---	---	---	---	---	---

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SB21B.4815

Amount of Each Disbursement this Period

7.43

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2014

Transaction ID : SB21B.4816

Amount of Each Disbursement this Period

496.17

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2014

Transaction ID : SB21B.4817

Amount of Each Disbursement this Period

71.36

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

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

574.96

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : SB21B.4818

Amount of Each Disbursement this Period

25.48

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.4819

Amount of Each Disbursement this Period

2030.59

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : SB21B.4820

Amount of Each Disbursement this Period

390.33

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

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

2446.40

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.4821

Amount of Each Disbursement this Period

257.21

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.4822

Amount of Each Disbursement this Period

36.65

Full Name (Last, First, Middle Initial)

C. THE LANGHAM

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.4913

Amount of Each Disbursement this Period

76.13

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

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

369.99

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE STOCKYARD RESTAURANT

Mailing Address 135 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SB21B.4781

Amount of Each Disbursement this Period

84.82

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 47 HARVARD AVE

City BOSTON State MA Zip Code 02134

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : SB21B.4854

Amount of Each Disbursement this Period

49.00

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 47 HARVARD AVE

City BOSTON State MA Zip Code 02134

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2014

Transaction ID : SB21B.4855

Amount of Each Disbursement this Period

490.00

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

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

623.82

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 47 HARVARD AVE

City BOSTON State MA Zip Code 02134

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : SB21B.4856

Amount of Each Disbursement this Period

49.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 47 HARVARD AVE

City BOSTON State MA Zip Code 02134

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.4857

Amount of Each Disbursement this Period

49.00

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2014

Transaction ID : SB21B.4804

Amount of Each Disbursement this Period

263.51

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

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

361.51

**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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : **SB21B.4805**

Amount of Each Disbursement this Period

5	4	8	.	5	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. WEQUASSETT RESORT AND GOLF CLUB

Mailing Address 2173 ROUTE 28

City HARWICH State MA Zip Code 02645

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	4

Transaction ID : **SB21B.4724**

Amount of Each Disbursement this Period

4	5	2	.	5	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

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

1	0	0	.	0	4
---	---	---	---	---	---

6	7	4	2	0	.	1	3
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS REPUBLICAN PARTY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	1	4		

Mailing Address 85 MERRIMAC STREET
SUITE 400

Transaction ID : SB22.4926

City BOSTON State MA Zip Code 02114

Amount of Each Disbursement this Period

3	1	2	3	1	.	8	2
---	---	---	---	---	---	---	---

Purpose of Disbursement
TRANSFER

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS REPUBLICAN PARTY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	6			2	0	1	4		

Mailing Address 85 MERRIMAC STREET
SUITE 400

Transaction ID : SB22.4927

City BOSTON State MA Zip Code 02114

Amount of Each Disbursement this Period

2	9	4	2	3	.	5	4
---	---	---	---	---	---	---	---

Purpose of Disbursement
TRANSFER

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MASSACHUSETTS REPUBLICAN PARTY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	4		

Mailing Address 85 MERRIMAC STREET
SUITE 400

Transaction ID : SB22.4928

City BOSTON State MA Zip Code 02114

Amount of Each Disbursement this Period

1	6	9	0	1	.	7	2
---	---	---	---	---	---	---	---

Purpose of Disbursement
TRANSFER

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

7	7	5	7	.	0	8
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2014

Transaction ID : SB22.4929

Amount of Each Disbursement this Period

16756.76

Full Name (Last, First, Middle Initial)

B. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2014

Transaction ID : SB22.4930

Amount of Each Disbursement this Period

9200.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2014

Transaction ID : SB22.4931

Amount of Each Disbursement this Period

43061.84

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

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

69018.60

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	2		2	0	1	4		

Transaction ID : SB22.4932

Amount of Each Disbursement this Period

4	6	8	1	0	.	5	8
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

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

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

4	6	8	1	0	.	5	8
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1	9	3	3	8	6	.	2	6
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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 VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAN BATHON

Mailing Address C/O WINDSPEED CAPITAL LLC
52 WALTHAM STREET

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SB28A.4920

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

10000.00

10000.00