

**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="2015"/>	<input type="text" value="59960.52"/>	<input type="text" value="59960.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="80853.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="549480.90"/>	<input type="text" value="889830.90"/>
(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="630334.57"/>	<input type="text" value="949791.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="509987.96"/>	<input type="text" value="829444.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="120346.61"/>	<input type="text" value="120346.61"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	538600.00	877300.00
(ii) Unitemized	0.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	538600.00	877450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	11500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	548600.00	888950.00
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).....	880.90	880.90
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))..... ▶	549480.90	889830.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	549480.90	889830.90

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	95199.90	117316.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95199.90	117316.97
22. Transfers to Affiliated/Other Party Committees.....	414638.06	711977.84
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	150.00	150.00
(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)).....	150.00	150.00
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)) ..	509987.96	829444.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	509987.96	829444.81

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)	548600.00	888950.00
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	548450.00	888800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	95199.90	117316.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	880.90	880.90
38. Net Operating Expenditures (subtract Line 37 from Line 36)	94319.00	116436.07

**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 80
	<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 05 / 13 / 2015 Transaction ID : SA11AI.5437
Mailing Address 20 LOWELL LANE			Amount of Each Receipt this Period 43400.00
City BROOKLINE	State MA	Zip Code 02445	
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 ▼ 43400.00		

Full Name (Last, First, Middle Initial) B. WILLIAM ACKERLEY			Date of Receipt MM / DD / YYYY 04 / 10 / 2015 Transaction ID : SA11AI.5530
Mailing Address 414 STEWART ST. SUITE 204			Amount of Each Receipt this Period 2500.00
City SEATTLE	State WA	Zip Code 98101	
FEC ID number of contributing federal political committee. C			
Name of Employer TOTAL OUTDOOR	Occupation MEDIA EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. CALEB ALDRICH			Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : SA11AI.5479
Mailing Address 62 GREYLOCK ROAD			Amount of Each Receipt this Period 5000.00
City WELLESLEY	State MA	Zip Code 02481	
FEC ID number of contributing federal political committee. C			
Name of Employer HANOVER STRATEGIC MANAGEMENT	Occupation INVESTMENT MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional).....▶	50900.00
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 80
	<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. RICHARD H. ALDRICH
Full Name (Last, First, Middle Initial)

Mailing Address 26 BEECH ROAD

City BROOKLINE State MA Zip Code 02446

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

Name of Employer LONGWOOD FUND Occupation MANAGING 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
 04 / 22 / 2015

Transaction ID : SA11AI.5492

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 191 COMMONWEALTH AVENUE
APARTMENT 22

City BOSTON State MA Zip Code 02116

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

Name of Employer NATIONAL DEVELOPMENT OF NEW ENGLAND Occupation MANAGER

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
 06 / 26 / 2015

Transaction ID : SA11AI.5540

Amount of Each Receipt this Period
 5000.00

C. THOMAS ANDREWS
Full Name (Last, First, Middle Initial)

Mailing Address 1280 WASHINGTON STREET #501

City BOSTON State MA Zip Code 02118

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

Name of Employer ALEXANDRIA REAL ESTATE EQUITIES Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015

Transaction ID : SA11AI.5439

Amount of Each Receipt this Period
 5400.00

SUBTOTAL of Receipts This Page (optional).....▶	15400.00
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 80
	<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. ROBERT L BEAL

Mailing Address 177 MILK STREET

City	State	Zip Code
BOSTON	MA	02109

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

Name of Employer	Occupation
RELATED BEAL	REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period
43400.00

Full Name (Last, First, Middle Initial)
B. JAMES BENSON

Mailing Address ONE BOSTON PLACE, SUITE 3830
C/O BENSON BOTSFORD

City	State	Zip Code
BOSTON	MA	02108

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

Name of Employer	Occupation
BENSON BOTSFORD, LLC	MANAGING DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period
10000.00

Full Name (Last, First, Middle Initial)
C. MR. ERNEST BOCH JR.

Mailing Address 95 MORSE ROAD

City	State	Zip Code
NORWOOD	MA	02062

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

Name of Employer	Occupation
BOCH ENTERPRISES	PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.5452

Amount of Each Receipt this Period
43400.00

SUBTOTAL of Receipts This Page (optional).....	96800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 80
	<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. GREGORY BOTSIVALES
Full Name (Last, First, Middle Initial)

Mailing Address 450 STATION AVENUE

City SOUTH YARMOUTH State MA Zip Code 02664

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

Name of Employer BOTSINI CORPORATION Occupation REAL ESTATE

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
 06 / 26 / 2015

Transaction ID : SA11AI.5459

Amount of Each Receipt this Period
 1000.00

B. HARRY J. BOTSIVALES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 761

City WEST YARMOUTH State MA Zip Code 02673

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

Name of Employer BOTSINI CORPORATION Occupation REAL ESTATE

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
 06 / 26 / 2015

Transaction ID : SA11AI.5457

Amount of Each Receipt this Period
 3000.00

C. MR. ANTHONY W BUXTON
Full Name (Last, First, Middle Initial)

Mailing Address 45 MEMORIAL CIRCLE

City AUGUSTA State ME Zip Code 04330

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

Name of Employer PRETI FLAHERTY Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.5500

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 80
	<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. JOHN CALNAN
Full Name (Last, First, Middle Initial)

Mailing Address 60 TURNERS WAY

City NORWELL State MA Zip Code 02061

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

Name of Employer J. CALNAN & ASSOCIATES Occupation OWNER

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
 06 / 19 / 2015

Transaction ID : SA11AI.5490

Amount of Each Receipt this Period
5000.00

B. MS. KATHLEEN CAMPANELLA
Full Name (Last, First, Middle Initial)

Mailing Address 254 WESTFIELD STREET

City DEDHAM State MA Zip Code 02026

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 ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.5537

Amount of Each Receipt this Period
7500.00

C. MR. WAYNE CAPOLUPO
Full Name (Last, First, Middle Initial)

Mailing Address 170 BEACH ROAD UNIT #17

City SALISBURY State MA Zip Code 01952

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

Name of Employer SPS NEW ENGLAND INC. Occupation CHAIRMAN AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11AI.5524

Amount of Each Receipt this Period
15000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 27500.00

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 80
	<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. WAYNE CAPOLUPO
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 BEACH ROAD UNIT #17

City SALISBURY	State MA	Zip Code 01952
FEC ID number of contributing federal political committee. C		
Name of Employer SPS NEW ENGLAND INC.	Occupation CHAIRMAN AND CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

Date of Receipt
06 / 19 / 2015
Transaction ID : SA11AI.5525
 Amount of Each Receipt this Period
10000.00

B. MR. JAMES L. CARR JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 TIMBERLEDGE DRIVE

City HILLISTON	State MA	Zip Code 01746
FEC ID number of contributing federal political committee. C		
Name of Employer H. CARR & SONS	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5477
 Amount of Each Receipt this Period
10000.00

C. MR. STEPHEN CHAPMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 PROVIDENCE ST
PH-3A

City BOSTON	State MA	Zip Code 02108
FEC ID number of contributing federal political committee. C		
Name of Employer SMC MGT CORP.	Occupation RE DEVELOPMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5523
 Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional).....▶	24000.00
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 80
<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. JOHN P. CHEMALY
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 187

City State Zip Code
LOWELL MA 01853

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

Name of Employer Occupation
TRINITY EMERGENCY MEDICAL SERVICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period
500.00

B. MR. GARRISON CORBEN
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 51808

City State Zip Code
BOSTON MA 02205

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

Name of Employer Occupation
GARRISON, STUART, CORBEN P.C. ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2015

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
500.00

C. MR. ROBERT L. CULVER
Full Name (Last, First, Middle Initial)

Mailing Address 17 RUSSELL ST.

City State Zip Code
MILTON MA 02186

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

Name of Employer Occupation
SASAKI ASSOCIATES MANAGING DIRECTOR

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
05 / 13 / 2015

Transaction ID : SA11AI.5512

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 13 OF 80
<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. ROBERT L. DAWSON		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 Transaction ID : SA11AI.5538
Mailing Address 51 WITHENELL DRIVE		Amount of Each Receipt this Period 250.00
City SUDBURY	State MA	Zip Code 01776
FEC ID number of contributing federal political committee. C		
Name of Employer AMERIPRISE	Occupation FINANCIAL ADVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MR. THOMAS J DESIMONE		Date of Receipt MM / DD / YYYY 06 / 18 / 2015 Transaction ID : SA11AI.5536
Mailing Address P.O. BOX 406		Amount of Each Receipt this Period 10000.00
City SWAMPSCOTT	State MA	Zip Code 01907-3406
FEC ID number of contributing federal political committee. C		
Name of Employer WS ASSET MANAGEMENT, INC.	Occupation REAL ESTATE DEVELOPER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11000.00	

Full Name (Last, First, Middle Initial) C. KAREN DIEP		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 Transaction ID : SA11AI.5535
Mailing Address 142 GARDNER ROAD		Amount of Each Receipt this Period 250.00
City QUINCY	State MA	Zip Code 02169
FEC ID number of contributing federal political committee. C		
Name of Employer VAN RESTAURANT & BAR	Occupation OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 80
	<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

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

Mailing Address 300 BOYLSTON STREET #703

City BOSTON	State MA	Zip Code 02116
----------------	-------------	-------------------

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 ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period
15000.00

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

Mailing Address 300 BOYLSTON STREET #703

City BOSTON	State MA	Zip Code 02116
----------------	-------------	-------------------

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 ▼
30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.5487

Amount of Each Receipt this Period
15000.00

C. BRIAN FAIRBANK
Full Name (Last, First, Middle Initial)

Mailing Address 37 COREY RD

City HANCOCK	State MA	Zip Code 01237
-----------------	-------------	-------------------

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

Name of Employer FAIRBANK GROUP, LLC	Occupation CHAIRMAN RESORT DEVELOPMENT
-----------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional).....	34000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 80
	<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. CARL FERENBACH
Full Name (Last, First, Middle Initial)

Mailing Address 2 COMMONWEALTH AVENUE
PH5

City BOSTON State MA Zip Code 02116

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

Name of Employer HIGH MEADOWS FOUNDATION Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43400.00

Date of Receipt
04 / 14 / 2015
Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
43400.00

B. JEAN - FRANCOIS FORMELA
Full Name (Last, First, Middle Initial)

Mailing Address 465 WARREN STREET

City BROOKLINE State MA Zip Code 02445

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

Name of Employer ATLAS VENTURE Occupation PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
06 / 05 / 2015
Transaction ID : SA11AI.5445

Amount of Each Receipt this Period
5000.00

C. MR. MARC B GARNICK
Full Name (Last, First, Middle Initial)

Mailing Address 289 MARLBOROUGH ST

City BOSTON State MA Zip Code 02116

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

Name of Employer BETH ISRAEL DEACONESS HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 23 / 2015
Transaction ID : SA11AI.5451

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	48900.00
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 80
	<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. JANET GARON		Date of Receipt MM / DD / YYYY 06 / 19 / 2015
Mailing Address 236 ROY RD		Transaction ID : SA11AI.5544
City FISKDALE	State MA	Zip Code 01518
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MR. PATRICK GRIFFIN		Date of Receipt MM / DD / YYYY 06 / 16 / 2015
Mailing Address 440 EDGEWATER DRIVE		Transaction ID : SA11AI.5503
City GILFORD	State NH	Zip Code 03249
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer PURPLE STRATEGIES	Occupation PROFESSIONAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. ROBERT J HABER		Date of Receipt MM / DD / YYYY 06 / 30 / 2015
Mailing Address 36 RIDGE HILL FARM ROAD		Transaction ID : SA11AI.5501
City WELLESLEY	State MA	Zip Code 02482
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer PROFICIO CAPITAL PARTNERS, LLC	Occupation SINGLE FAMILY OFFICE	
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).....▶	16000.00
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 17 OF 80
	<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. ANDREW W. HOAR
Full Name (Last, First, Middle Initial)

Mailing Address 129 ABBOTT ROAD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer: CB RICHARD ELLIS PARTNERS Occupation: REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 26 / 2015
Transaction ID : SA11AI.5542

Amount of Each Receipt this Period: 5000.00

B. MR. ALBERT J. KANEB
Full Name (Last, First, Middle Initial)

Mailing Address 140 ORCHARD AVENUE

City WESTON State MA Zip Code 02493

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 ▼ 15000.00

Date of Receipt: 05 / 08 / 2015
Transaction ID : SA11AI.5507

Amount of Each Receipt this Period: 15000.00

C. ROBERT KARGMAN
Full Name (Last, First, Middle Initial)

Mailing Address 151 TREMONT ST

City BOSTON State MA Zip Code 02111

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

Name of Employer: BOSTON LAND CO. Occupation: CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt: 05 / 13 / 2015
Transaction ID : SA11AI.5455

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 21000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 80
	<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. SCOTT LEMAY
Full Name (Last, First, Middle Initial)

Mailing Address 19 DUNEDIN ROAD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer UWM HOLDINGS INC. Occupation CHAIRMAN

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
 04 / 09 / 2015

Transaction ID : SA11AI.5533

Amount of Each Receipt this Period
 5000.00

B. BETTE LIBBY
Full Name (Last, First, Middle Initial)

Mailing Address 20 WALNUT HILL ROAD

City CHESTNUT HILL State MA Zip Code 02467

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

Name of Employer SELF EMPLOYED Occupation ARTIST

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
 05 / 07 / 2015

Transaction ID : SA11AI.5518

Amount of Each Receipt this Period
 5000.00

C. GREGG LISCIOTTI
Full Name (Last, First, Middle Initial)

Mailing Address 83 ORCHARD HILL PARK DRIVE

City LEOMINSTER State MA Zip Code 01453

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

Name of Employer SELF Occupation REAL ESTATE DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015

Transaction ID : SA11AI.5516

Amount of Each Receipt this Period
 5400.00

SUBTOTAL of Receipts This Page (optional).....▶	15400.00
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 19 OF 80
	<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. KENT LUCKEN
Full Name (Last, First, Middle Initial)

Mailing Address 65 FELLSMERE ROAD

City NEWTON State MA Zip Code 02459

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

Name of Employer CITI Occupation MANAGING DIRECTOR

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
 04 / 14 / 2015
Transaction ID : SA11AI.5465

Amount of Each Receipt this Period
 2500.00

B. MR. ROGER M MARINO
Full Name (Last, First, Middle Initial)

Mailing Address 254 WESTFIELD STREET

City DEDHAM State MA Zip Code 02026

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

Name of Employer SELF EMPLOYED Occupation PRIVATE INVESTOR

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
 05 / 07 / 2015
Transaction ID : SA11AI.5519

Amount of Each Receipt this Period
 7500.00

C. JOHN MCDONNELL
Full Name (Last, First, Middle Initial)

Mailing Address 63 ATLANTIC AVENUE
UNIT 7E

City BOSTON State MA Zip Code 02110

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

Name of Employer TITO'S HANDMADE VODKA Occupation MANAGING DIRECTOR INTERNATIONAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : SA11AI.5528

Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....▶	20000.00
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 20 OF 80
	<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. ALAN MCKIM
Full Name (Last, First, Middle Initial)

Mailing Address 34 TURNERS WAY

City NORWELL State MA Zip Code 02061

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

Name of Employer CLEAN HARBORS INC Occupation CHAIRMAN 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
 06 / 29 / 2015
Transaction ID : SA11AI.5467

Amount of Each Receipt this Period
 25000.00

B. MARK ODERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8 ROLLETON ROAD

City 8 ROLLETON ROAD State MA Zip Code 01945

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

Name of Employer CSP ASSOCIATES INC. Occupation CONSULTANT

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
 05 / 15 / 2015
Transaction ID : SA11AI.5471

Amount of Each Receipt this Period
 7500.00

C. ROBIN ODERMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8 ROLLETON ROAD

City 8 ROLLETON ROAD State MA Zip Code 01945

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 ▼
7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : SA11AI.5486

Amount of Each Receipt this Period
 7500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40000.00

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 21 OF 80
	<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. COREEN M. PACKER
Full Name (Last, First, Middle Initial)
Mailing Address 9 KENDALL DR
City WESTBOROUGH State MA Zip Code 01581
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 ▼ 2000.00

Date of Receipt: 06 / 19 / 2015
Transaction ID : SA11AI.5484
Amount of Each Receipt this Period: 2000.00

B. JOHN H PEARSON JR.
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 ▼ 3000.00

Date of Receipt: 06 / 26 / 2015
Transaction ID : SA11AI.5498
Amount of Each Receipt this Period: 3000.00

C. BRUCE PERCELAY
Full Name (Last, First, Middle Initial)
Mailing Address 4 MARLBOROUGH STREET
2
City BOSTON State MA Zip Code 02116
FEC ID number of contributing federal political committee. **C**
Name of Employer: **THE MOUNT VERNON COMPANY** Occupation: **CHAIRMAN**
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 05 / 20 / 2015
Transaction ID : SA11AI.5527
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 80
	<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. MS. MARY ANN PESCE CHOATE
Full Name (Last, First, Middle Initial)

Mailing Address 27 CANDLEBERRY LANE

City WESTON State MA Zip Code 02493

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

Name of Employer CAMBRIDGE SAVINGS BANK Occupation TRUSTEE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
05 / 07 / 2015
Transaction ID : SA11AI.5463

Amount of Each Receipt this Period
10000.00

B. JOSEPH PETROWSKI
Full Name (Last, First, Middle Initial)

Mailing Address 316 GREAT ISLAND ROAD

City WEST YARMOUTH State MA Zip Code 02673

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

Name of Employer MERCANTOR PARTNERS Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5494

Amount of Each Receipt this Period
1000.00

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

Mailing Address 230 COMMONWEALTH AVENUE #8

City BOSTON State MA Zip Code 02116

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

Name of Employer CORE INVESTMENTS Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.5469

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 14000.00

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 23 OF 80
	<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. HAROLD PRATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 MEMORIAL DRIVE
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NICHOLS & PRATT, LLP Occupation PARTNER
 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
 05 / 01 / 2015
Transaction ID : SA11AI.5496
 Amount of Each Receipt this Period
 1000.00

B. MR. GEORGE P SAKELLARIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 RANDOLPH AVE
 City MILTON State MA Zip Code 02186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERESCO Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : SA11AI.5443
 Amount of Each Receipt this Period
 15000.00

C. STEVEN SAMUELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 NEWBURY STREET
 City BOSTON State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAMUELS & ASSOCIATES Occupation CHAIRMAN
 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
 05 / 28 / 2015
Transaction ID : SA11AI.5510
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	21000.00
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 24 OF 80
	<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. TYLER SANBORN
Full Name (Last, First, Middle Initial)

Mailing Address 665 WASHINGTON STREET
#2208

City BOSTON State MA Zip Code 02111

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

Name of Employer BOSTON GLOBE MEDIA PARTNERS, LLC Occupation PRODUCT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 15 / 2015
Transaction ID : SA11AI.5454

Amount of Each Receipt this Period
1000.00

B. MR. 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 ▼
10000.00

Date of Receipt
04 / 23 / 2015
Transaction ID : SA11AI.5547

Amount of Each Receipt this Period
10000.00

C. MR. GARY SEPE
Full Name (Last, First, Middle Initial)

Mailing Address 1221 WESTFORD ST

City LOWELL State MA Zip Code 01851

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

Name of Employer TRINITY AMBULANCE Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 12 / 2015
Transaction ID : SA11AI.5546

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11500.00

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 25 OF 80
<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. MS. KATHLEEN SEVERINO
Full Name (Last, First, Middle Initial)

Mailing Address 680 STRAWBERRY HILL ROAD

City CONCORD	State MA	Zip Code 01742
-----------------	-------------	-------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period
25000.00

B. MR. PAUL SEVERINO
Full Name (Last, First, Middle Initial)

Mailing Address 680 STRAWBERRY HILL ROAD

City CONCORD	State MA	Zip Code 01742
-----------------	-------------	-------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period
25000.00

C. MR. RONALD L. SKATES
Full Name (Last, First, Middle Initial)

Mailing Address 4 BOARDMAN AVENUE

City MANCHESTER-BY-THE-SEA	State MA	Zip Code 01944
-------------------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation PRIVATE INVESTOR
-----------------------------------	--------------------------------

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
05	/	13	/	2015

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	51000.00
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 26 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. SUDIP K. VERMA
Full Name (Last, First, Middle Initial)

Mailing Address 4 EDWARD DRIVE

City WINCHESTER State MA Zip Code 01890

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

Name of Employer ALLEGESS TECHNOLOGIES Occupation CORPORATE STRATEGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period
 5000.00

B. MR. BRIAN C. WHEELAN
Full Name (Last, First, Middle Initial)

Mailing Address 84 DOVER RD

City WELLESLEY State MA Zip Code 02482

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

Name of Employer BEACON HEALTH STRATEGIES Occupation CORPORATE DEVELOPMENT

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
 06 / 08 / 2015

Transaction ID : SA11AI.5447

Amount of Each Receipt this Period
 1000.00

C. MRS. BROOKE WHEELAN
Full Name (Last, First, Middle Initial)

Mailing Address 84 DOVER RD

City WELLESLEY State MA Zip Code 02482

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

Name of Employer HARVARD UNIVERSITY Occupation ADMISSIONS OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. BONNIE WOODS

Mailing Address 7 CALLAWAY DRIVE

City State Zip Code
DANVERS MA 01923

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

Name of Employer Occupation
BRIAN M. WOODS FINANCIAL SERVICES FINANCIAL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.5461

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
B. BRIAN WOODS

Mailing Address 7 CALLAWAY DRIVE

City State Zip Code
DANVERS MA 01923

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

Name of Employer Occupation
SELF FINANCIAL SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.5514

Amount of Each Receipt this Period
350.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	538600.00

**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 28 OF 80
<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

Full Name (Last, First, Middle Initial)
A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 ABBOTT PARK RD.
D312 AP6D-2

City ABBOTT PARK State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2015

Transaction ID : SA11C.5550

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. EMD SERONO, INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE TECHNOLOGY PLACE

City ROCKLAND State MA Zip Code 02370

FEC ID number of contributing federal political committee. **C** C00258236

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : SA11C.5548

Amount of Each Receipt this Period
5000.00

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

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).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER: PAGE 29 OF 80
(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. OMNI PARKER HOUSE
Full Name (Last, First, Middle Initial)
Mailing Address 60 SCHOOL STREET
City BOSTON State MA Zip Code 02108
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
880.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2015
Transaction ID : SA15.5552
Amount of Each Receipt this Period
880.90
VENDOR REFUND: FACILITY RENTAL/CATERING SERVICES

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).....▶	880.90
TOTAL This Period (last page this line number only).....▶	880.90

**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. 200 STATE STREET PARKING

Mailing Address 200 STATE STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
HUNT REIMBURSEMENT: 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
04 / 07 / 2015

Transaction ID : SB21B.5617

Amount of Each Disbursement this Period

32.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

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
05 / 04 / 2015

Transaction ID : SB21B.5646

Amount of Each Disbursement this Period

876.00

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

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
06 / 09 / 2015

Transaction ID : SB21B.5647

Amount of Each Disbursement this Period

2256.00

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

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

3132.00

**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. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

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.5648**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

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.5649**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

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.5650**

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. AU BON PAIN

Mailing Address 101 MERRIMAC STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement HUNT REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2015

Transaction ID : **SB21B.5607**

Amount of Each Disbursement this Period: 3.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2015

Transaction ID : **SB21B.5561**

Amount of Each Disbursement this Period: 43.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 10 / 2015

Transaction ID : **SB21B.5560**

Amount of Each Disbursement this Period: 51.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
03 / 10 / 2015

Transaction ID : SB21B.5562

Amount of Each Disbursement this Period

45.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
03 / 16 / 2015

Transaction ID : SB21B.5573

Amount of Each Disbursement this Period

59.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
04 / 03 / 2015

Transaction ID : SB21B.5574

Amount of Each Disbursement this Period

68.19

[MEMO ITEM]

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

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

0.00

**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. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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	4		2	9		2	0	1	5

Transaction ID : SB21B.5585

Amount of Each Disbursement this Period

6	7	.	5	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

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	5		0	4		2	0	1	5

Transaction ID : SB21B.5654

Amount of Each Disbursement this Period

6	9	.	4	4
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Full Name (Last, First, Middle Initial)

C. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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	5		0	5		2	0	1	5

Transaction ID : SB21B.5584

Amount of Each Disbursement this Period

6	5	.	3	6
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[MEMO ITEM]

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

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

6	9	.	4	4
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6	9	.	4	4
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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. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

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
05 / 11 / 2015

Transaction ID : SB21B.5655

Amount of Each Disbursement this Period

51.64

Full Name (Last, First, Middle Initial)

B. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
05 / 18 / 2015

Transaction ID : SB21B.5601

Amount of Each Disbursement this Period

76.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. BEACON HILL BISTRO

Mailing Address 25 CHARLES STREET

City BOSTON State MA Zip Code 01915

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
05 / 26 / 2015

Transaction ID : SB21B.5603

Amount of Each Disbursement this Period

28.31

[MEMO ITEM]

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

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

51.64

**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

MM / DD / YYYY
04 / 20 / 2015

Transaction ID : SB21B.5658

Amount of Each Disbursement this Period

384.07

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SB21B.5659

Amount of Each Disbursement this Period

492.57

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB21B.5660

Amount of Each Disbursement this Period

309.13

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

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

1185.77

**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

A. BOSTON COMMON PARKING GARAGE

Full Name (Last, First, Middle Initial)

Mailing Address 415 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement DRUMMOND REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 03 / 2015

Transaction ID : **SB21B.5580**

Amount of Each Disbursement this Period: 375.00

[MEMO ITEM]

B. BOSTON COMMON PARKING GARAGE

Full Name (Last, First, Middle Initial)

Mailing Address 415 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement DRUMMOND REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 02 / 2015

Transaction ID : **SB21B.5581**

Amount of Each Disbursement this Period: 375.00

[MEMO ITEM]

C. BOSTON COMMON PARKING GARAGE

Full Name (Last, First, Middle Initial)

Mailing Address 415 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement HUNT REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 10 / 2015

Transaction ID : **SB21B.5608**

Amount of Each Disbursement this Period: 24.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON COMMON PARKING GARAGE

Mailing Address 415 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: PARKING SERVICES

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
05		02		2015

Transaction ID : **SB21B.5582**

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BOSTON COMMON PARKING GARAGE

Mailing Address 415 SUMMER STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: PARKING SERVICES

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
06		02		2015

Transaction ID : **SB21B.5589**

Amount of Each Disbursement this Period

375.00

[MEMO ITEM]

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: TAXI

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
06		29		2015

Transaction ID : **SB21B.5667**

Amount of Each Disbursement this Period

18.00

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

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

18.00

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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. CAMBRIDGE WINE & SPIRITS

Mailing Address 202 ALEWIFE BROOK PARKWAY

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2015

Transaction ID : **SB21B.5672**

Amount of Each Disbursement this Period

304.02

Full Name (Last, First, Middle Initial)

B. EMILY CHABOT

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

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
05 / 11 / 2015

Transaction ID : **SB21B.5632**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EMILY CHABOT

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : **SB21B.5633**

Amount of Each Disbursement this Period

14.10

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

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

1318.12

**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. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Transaction ID : SB21B.5570

Amount of Each Disbursement this Period

9.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB21B.5571

Amount of Each Disbursement this Period

11.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB21B.5577

Amount of Each Disbursement this Period

8.60

[MEMO ITEM]

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

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

0.00

**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. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB21B.5578

Amount of Each Disbursement this Period

9.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2015

Transaction ID : SB21B.5572

Amount of Each Disbursement this Period

7.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : SB21B.5586

Amount of Each Disbursement this Period

8.60

[MEMO ITEM]

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

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

0.00

**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. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : SB21B.5587

Amount of Each Disbursement this Period

12.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : SB21B.5588

Amount of Each Disbursement this Period

8.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2015

Transaction ID : SB21B.5598

Amount of Each Disbursement this Period

13.65

[MEMO ITEM]

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

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

0.00

**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. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2015

Transaction ID : SB21B.5599

Amount of Each Disbursement this Period

11.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : SB21B.5611

Amount of Each Disbursement this Period

9.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : SB21B.5600

Amount of Each Disbursement this Period

16.55

[MEMO ITEM]

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

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

0.00

**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. CITY OF BOSTON

Mailing Address ONE CITY HALL SQUARE

City BOSTON State MA Zip Code 02201

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : SB21B.5618

Amount of Each Disbursement this Period

11.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DEL FRISCO'S STEAKHOUSE

Mailing Address 250 NORTHERN AVE

City BOSTON State MA Zip Code 02210

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
06 / 11 / 2015

Transaction ID : SB21B.5679

Amount of Each Disbursement this Period

214.69

Full Name (Last, First, Middle Initial)

C. DROPBOX, INC.

Mailing Address 185 BERRY ST
400

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
FILE STORAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2015

Transaction ID : SB21B.5680

Amount of Each Disbursement this Period

195.00

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

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

409.69

**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. DAVID DRUMMOND		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 94 CHESTNUT ST APT B		Transaction ID : SB21B.5626
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 8000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DAVID DRUMMOND		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 94 CHESTNUT ST APT B		Transaction ID : SB21B.5627
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Amount of Each Disbursement this Period 451.76
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DAVID DRUMMOND		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 94 CHESTNUT ST APT B		Transaction ID : SB21B.5628
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Amount of Each Disbursement this Period 773.78
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	9225.54
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<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. DAVID DRUMMOND

Mailing Address 94 CHESTNUT ST
APT B

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	18	/	2015

Transaction ID : **SB21B.5629**

Amount of Each Disbursement this Period

919.37

Full Name (Last, First, Middle Initial)

B. DAVID DRUMMOND

Mailing Address 94 CHESTNUT ST
APT B

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2015

Transaction ID : **SB21B.5630**

Amount of Each Disbursement this Period

789.06

Full Name (Last, First, Middle Initial)

C. DUNKIN DONUTS

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	26	/	2015

Transaction ID : **SB21B.5683**

Amount of Each Disbursement this Period

73.43

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

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

1781.86

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

Use separate schedule(s)
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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. DUNKIN DONUTS

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

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	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Transaction ID : SB21B.5684

Amount of Each Disbursement this Period

5	5	.	5	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. EASTERN STANDARD RESTAURANT

Mailing Address 500 COMMONWEALTH AVE

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

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

Transaction ID : SB21B.5688

Amount of Each Disbursement this Period

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

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

Transaction ID : SB21B.5690

Amount of Each Disbursement this Period

6	9	.	7	7
---	---	---	---	---

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

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

2	8	5	.	8	1
---	---	---	---	---	---

2	8	5	.	8	1
---	---	---	---	---	---

**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. 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
06 / 25 / 2015

Transaction ID : SB21B.5691

Amount of Each Disbursement this Period

29.77

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

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
04 / 08 / 2015

Transaction ID : SB21B.5692

Amount of Each Disbursement this Period

149.57

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
04 / 13 / 2015

Transaction ID : SB21B.5693

Amount of Each Disbursement this Period

22.00

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

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

201.34

**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. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

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
04 / 13 / 2015

Transaction ID : SB21B.5694

Amount of Each Disbursement this Period

95.97

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
04 / 20 / 2015

Transaction ID : SB21B.5695

Amount of Each Disbursement this Period

22.00

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
04 / 27 / 2015

Transaction ID : SB21B.5696

Amount of Each Disbursement this Period

22.00

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

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

139.97

**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. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

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
04 / 27 / 2015

Transaction ID : SB21B.5697

Amount of Each Disbursement this Period

211.62

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
05 / 21 / 2015

Transaction ID : SB21B.5596

Amount of Each Disbursement this Period

102.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
06 / 04 / 2015

Transaction ID : SB21B.5602

Amount of Each Disbursement this Period

71.53

[MEMO ITEM]

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

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

211.62

**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. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

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
06	/	25	/	2015

Transaction ID : SB21B.5698

Amount of Each Disbursement this Period

90.97

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

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
06	/	26	/	2015

Transaction ID : SB21B.5699

Amount of Each Disbursement this Period

88.10

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: PARKING SERVICES

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
04	/	07	/	2015

Transaction ID : SB21B.5605

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

179.07

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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. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
VASQUEZ REIMBURSEMENT: 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
04 / 16 / 2015

Transaction ID : SB21B.5553

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: 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
05 / 18 / 2015

Transaction ID : SB21B.5614

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: 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
05 / 28 / 2015

Transaction ID : SB21B.5615

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

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

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

0.00

**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. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: 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
06 / 10 / 2015

Transaction ID : SB21B.5619

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: 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
06 / 10 / 2015

Transaction ID : SB21B.5620

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY ST

City BOSTON State MA Zip Code 02114

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
06 / 18 / 2015

Transaction ID : SB21B.5703

Amount of Each Disbursement this Period

35.00

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

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

35.00

**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. GRILL 23 & BAR

Mailing Address 161 BERKELEY STREET

City BOSTON State MA Zip Code 02116

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
04 / 06 / 2015

Transaction ID : SB21B.5704

Amount of Each Disbursement this Period

228.05

Full Name (Last, First, Middle Initial)

B. HAMPSHIRE HOUSE

Mailing Address 84 BEACON STREET

City BOSTON State MA Zip Code 02108

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

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : SB21B.5709

Amount of Each Disbursement this Period

3126.79

Full Name (Last, First, Middle Initial)

C. HILLSTONE

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

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
04 / 10 / 2015

Transaction ID : SB21B.5710

Amount of Each Disbursement this Period

355.32

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

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

3710.16

**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. HILLSTONE

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

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
04 / 20 / 2015

Transaction ID : SB21B.5711

Amount of Each Disbursement this Period

57.08

Full Name (Last, First, Middle Initial)

B. HILLSTONE

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

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
04 / 27 / 2015

Transaction ID : SB21B.5712

Amount of Each Disbursement this Period

79.34

Full Name (Last, First, Middle Initial)

C. HILLSTONE

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
05 / 27 / 2015

Transaction ID : SB21B.5597

Amount of Each Disbursement this Period

49.73

[MEMO ITEM]

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

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

136.42

**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. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2015

Transaction ID : SB21B.5640

Amount of Each Disbursement this Period

80.08

Full Name (Last, First, Middle Initial)

B. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : SB21B.5641

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : SB21B.5642

Amount of Each Disbursement this Period

39.40

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

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

194.48

**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. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : SB21B.5643

Amount of Each Disbursement this Period

43.00

Full Name (Last, First, Middle Initial)

B. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : SB21B.5644

Amount of Each Disbursement this Period

198.40

Full Name (Last, First, Middle Initial)

C. SARAH HUNT

Mailing Address 412 HALE STREET
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SB21B.5645

Amount of Each Disbursement this Period

19.00

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

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

260.40

**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. JASPER WHITE'S SUMMER SHACK

Mailing Address 149 ALEWIFE BROOK PARKWAY

City CAMBRIDGE State MA Zip Code 02140

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
05 / 05 / 2015

Transaction ID : SB21B.5715

Amount of Each Disbursement this Period

128.47

Full Name (Last, First, Middle Initial)

B. JCI LLC

Mailing Address 11 WING BLVD

City E. SANDWICH State MA Zip Code 02537

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
04 / 07 / 2015

Transaction ID : SB21B.5716

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

C. JCI LLC

Mailing Address 11 WING BLVD

City E. SANDWICH State MA Zip Code 02537

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
05 / 04 / 2015

Transaction ID : SB21B.5717

Amount of Each Disbursement this Period

12923.84

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

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

25552.31

**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 11 WING BLVD

City State Zip Code
E. SANDWICH MA 02537

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
06 / 08 / 2015

Transaction ID : SB21B.5718

Amount of Each Disbursement this Period

12871.03

Full Name (Last, First, Middle Initial)

B. LEGAL SEA FOODS

Mailing Address 75 MIDDLESEX TURNPIKE

City State Zip Code
BURLINGTON MA 01803

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
04 / 20 / 2015

Transaction ID : SB21B.5722

Amount of Each Disbursement this Period

156.54

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE NE
SUITE 5000

City State Zip Code
ATLANTA GA 30308

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: EMAIL DISTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2015

Transaction ID : SB21B.5565

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

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

13027.57

**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. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: EMAIL DISTRIBUTION

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
02		27		2015

Transaction ID : SB21B.5558

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: EMAIL DISTRIBUTION

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
03		04		2015

Transaction ID : SB21B.5557

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: EMAIL DISTRIBUTION

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
03		17		2015

Transaction ID : SB21B.5566

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

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

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

0.00

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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. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: EMAIL DISTRIBUTION

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
03		25		2015

Transaction ID : SB21B.5568

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MANTIS PLANTS & FLOWERS

Mailing Address 645 HANCOCK STREET

City QUINCY State MA Zip Code 02170

Purpose of Disbursement
HUNT REIMBURSEMENT: FLORAL EXPENSE

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
05		01		2015

Transaction ID : SB21B.5610

Amount of Each Disbursement this Period

75.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MERCHANT WAREHOUSE

Mailing Address 1 FEDERAL STREET
2ND FLOOR

City BOSTON State MA Zip Code 02110

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

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

Transaction ID : SB21B.5727

Amount of Each Disbursement this Period

37.90

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

37.90

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. MERCHANT WAREHOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

Mailing Address 1 FEDERAL STREET
2ND FLOOR

Transaction ID : SB21B.5728

City BOSTON State MA Zip Code 02110

Amount of Each Disbursement this Period

66.90

Purpose of Disbursement
MERCHANT FEES

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ANNIE MOLONEY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Mailing Address 11 WORCESTER STREET
UNIT 1

Transaction ID : SB21B.5624

City BOSTON State MA Zip Code 01915

Amount of Each Disbursement this Period

3333.33

Purpose of Disbursement
FUNDRAISING CONSULTING

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. MOOO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

Mailing Address 15 BEACON ST

Transaction ID : SB21B.5730

City BOSTON State MA Zip Code 02180

Amount of Each Disbursement this Period

58.15

Purpose of Disbursement
MEETING EXPENSE: MEALS

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

3458.38

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. 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
05 / 07 / 2015

Transaction ID : SB21B.5731

Amount of Each Disbursement this Period

207.27

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
05 / 21 / 2015

Transaction ID : SB21B.5732

Amount of Each Disbursement this Period

117.37

Full Name (Last, First, Middle Initial)

C. 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
06 / 18 / 2015

Transaction ID : SB21B.5733

Amount of Each Disbursement this Period

52.80

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

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

377.44

**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. OMNI PARKER HOUSE

Mailing Address 60 SCHOOL STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2015

Transaction ID : SB21B.5735

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. OMNI PARKER HOUSE

Mailing Address 60 SCHOOL STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB21B.5736

Amount of Each Disbursement this Period

2948.84

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : SB21B.5740

Amount of Each Disbursement this Period

3034.87

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

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

9983.71

**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

/ /

Transaction ID : **SB21B.5741**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 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

/ /

Transaction ID : **SB21B.5742**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SEAPORT HOTEL

Mailing Address 1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

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

/ /

Transaction ID : **SB21B.5744**

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. SEAPORT HOTEL

Mailing Address 1 SEAPORT LANE

City BOSTON State MA Zip Code 02210

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

MM / DD / YYYY
04 / 08 / 2015

Transaction ID : SB21B.5745

Amount of Each Disbursement this Period

2375.42

Full Name (Last, First, Middle Initial)

B. SEASIDE WINE & SPIRITS

Mailing Address 4 BARLOWS LANDING RD # 1

City POCASSET State MA Zip Code 02559

Purpose of Disbursement CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : SB21B.5747

Amount of Each Disbursement this Period

228.51

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
05 / 01 / 2015

Transaction ID : SB21B.5749

Amount of Each Disbursement this Period

59.16

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

2663.09

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. 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

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : SB21B.5750

Amount of Each Disbursement this Period

65.63

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

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SB21B.5748

Amount of Each Disbursement this Period

48.73

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

M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : SB21B.5756

Amount of Each Disbursement this Period

280.06

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

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

394.42

**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
05 / 04 / 2015

Transaction ID : SB21B.5757

Amount of Each Disbursement this Period

409.86

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
05 / 11 / 2015

Transaction ID : SB21B.5758

Amount of Each Disbursement this Period

274.40

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
05 / 22 / 2015

Transaction ID : SB21B.5759

Amount of Each Disbursement this Period

24.72

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

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

708.98

**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. 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
05 / 27 / 2015

Transaction ID : SB21B.5760

Amount of Each Disbursement this Period

434.83

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
06 / 22 / 2015

Transaction ID : SB21B.5761

Amount of Each Disbursement this Period

399.20

Full Name (Last, First, Middle Initial)

C. TAJ

Mailing Address 16 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
VASQUEZ REIMBURSEMENT: 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
05 / 28 / 2015

Transaction ID : SB21B.5555

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

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

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

834.03

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

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

FOR LINE NUMBER:
(check only one)

<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. TAJ

Mailing Address 16 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
HUNT REIMBURSEMENT: 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
05 / 28 / 2015

Transaction ID : SB21B.5612

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE CAFE AT THE TAJ

Mailing Address 16 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: 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
03 / 31 / 2015

Transaction ID : SB21B.5576

Amount of Each Disbursement this Period

98.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE LENOX

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

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
05 / 18 / 2015

Transaction ID : SB21B.5764

Amount of Each Disbursement this Period

2839.09

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

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

2839.09

**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. TOWNEPLACE SUITES

Mailing Address 238 ANDOVER STREET

City DANVERS State MA Zip Code 01923

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB21B.5767

Amount of Each Disbursement this Period

360.20

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : SB21B.5564

Amount of Each Disbursement this Period

10.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Transaction ID : SB21B.5567

Amount of Each Disbursement this Period

6.14

[MEMO ITEM]

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

360.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : SB21B.5604

Amount of Each Disbursement this Period

18.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : SB21B.5583

Amount of Each Disbursement this Period

7.51

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2015

Transaction ID : SB21B.5591

Amount of Each Disbursement this Period

5.11

[MEMO ITEM]

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

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

0.00

**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. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2015

Transaction ID : SB21B.5590

Amount of Each Disbursement this Period

5.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2015

Transaction ID : SB21B.5592

Amount of Each Disbursement this Period

7.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : SB21B.5593

Amount of Each Disbursement this Period

8.23

[MEMO ITEM]

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

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

0.00

**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. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : SB21B.5613

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : SB21B.5595

Amount of Each Disbursement this Period

9.36

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2015

Transaction ID : SB21B.5621

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : SB21B.5774

Amount of Each Disbursement this Period

5.40

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : SB21B.5775

Amount of Each Disbursement this Period

5.69

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : SB21B.5776

Amount of Each Disbursement this Period

95.08

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

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

106.17

**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. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : SB21B.5777

Amount of Each Disbursement this Period

21.75

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUNT REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2015

Transaction ID : SB21B.5622

Amount of Each Disbursement this Period

19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SB21B.5778

Amount of Each Disbursement this Period

8.91

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

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

30.66

**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. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SB21B.5779

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : SB21B.5780

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SB21B.5594

Amount of Each Disbursement this Period

8.62

[MEMO ITEM]

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

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

30.00

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. 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
05 / 04 / 2015

Transaction ID : SB21B.5781

Amount of Each Disbursement this Period

487.37

Full Name (Last, First, Middle Initial)

B. 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
05 / 21 / 2015

Transaction ID : SB21B.5782

Amount of Each Disbursement this Period

821.14

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
06 / 22 / 2015

Transaction ID : SB21B.5783

Amount of Each Disbursement this Period

772.61

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

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

2081.12

93245.64

**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
04		23		2015

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Transaction ID : SB22.5785

Amount of Each Disbursement this Period

57856.13

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS REPUBLICAN PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2015

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Transaction ID : SB22.5786

Amount of Each Disbursement this Period

97182.33

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. MASSACHUSETTS REPUBLICAN PARTY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2015

Mailing Address 85 MERRIMAC ST.
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Transaction ID : SB22.5787

Amount of Each Disbursement this Period

79409.79

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

234448.25

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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) ▼

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2015

Transaction ID : **SB22.5788**

Amount of Each Disbursement this Period

62869.29

Category/Type

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) ▼

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2015

Transaction ID : **SB22.5789**

Amount of Each Disbursement this Period

40775.06

Category/Type

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) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : **SB22.5790**

Amount of Each Disbursement this Period

76545.46

Category/Type

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

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

180189.81

414638.06