

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00042622 3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

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

5. Covering Period 06 / 01 / 2011 through 06 / 30 / 2011

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

Type or Print Name of Treasurer Brent Anderson

Signature of Treasurer Brent Anderson [Electronically Filed] Date 06 / 14 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Massachusetts Republican Party**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>  | <input type="text" value="191359.55"/> | <input type="text" value="191359.55"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="72423.97"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="81230.53"/>  | <input type="text" value="250087.15"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="153654.50"/> | <input type="text" value="441446.70"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="63643.57"/>  | <input type="text" value="351435.77"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="90010.93"/>  | <input type="text" value="90010.93"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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 Republican Party**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 71080.53                      | 139842.21                         |
| (ii) Unitemized .....   | 9650.00                       | 103939.94                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 80730.53                      | 243782.15                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 500.00                        | 6305.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 81230.53                      | 250087.15                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total 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))..... ▶                        | 81230.53                      | 250087.15                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 81230.53                      | 250087.15                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 63243.57                      | 351035.77                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 63243.57                      | 351035.77                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 400.00                        | 400.00                            |
| 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 .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) 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)) ..      | 63643.57                      | 351435.77                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 63643.57                      | 351435.77                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 81230.53                      | 250087.15                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 81230.53                      | 250087.15                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 63243.57                      | 351035.77                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 63243.57                      | 351035.77                         |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

This amendment adjusts beginning cash on hand for amendments to previous periods.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. CHARLES BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 MONUMENT AVE  
 City State Zip Code  
 SWAMPSCOTT MA 01907-1947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 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 / 20 / 2011  
**Transaction ID : SA11.185494**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. CHARLES BATCHELDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 BRADDOCK PARK  
 City State Zip Code  
 BOSTON MA 02116-5816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WYMAN STREET ADVISORS MANAGING DIRECTOR  
 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 / 13 / 2011  
**Transaction ID : SA11.185394**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. ROBERT BEAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 177 MILK ST  
 City State Zip Code  
 BOSTON MA 02109-3404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE BEAL COMPANIES REAL ESTATE  
 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 / 20 / 2011  
**Transaction ID : SA11.185452**  
 Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 6000.00  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 8 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. STEPHEN BINDER**

Mailing Address **PO BOX 286**

City **LINCOLN**    State **MA**    Zip Code **01773-0286**

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

Name of Employer **BINDER CAPITAL ADVISORS, LLC**    Occupation **INVESTMENTS**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt  
**06 / 20 / 2011**  
**Transaction ID : SA11.185464**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ANN BLACKHAM**

Mailing Address **60 SWAN RD**

City **WINCHESTER**    State **MA**    Zip Code **01890-3747**

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

Name of Employer **COLDWELL BANKER**    Occupation **REAL ESTATE BROKER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**06 / 16 / 2011**  
**Transaction ID : SA11.185435**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address **65 TIBBETTS TOWN WAY**

City **CHARLESTOWN**    State **MA**    Zip Code **02129-1609**

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

Name of Employer **CITY OF BOSTON**    Occupation **REP ELECTION COMMISSIONER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt  
**06 / 20 / 2011**  
**Transaction ID : SA11.185463**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 9 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. MARTHA CHADWICK**

Mailing Address 1 AVERY ST

City State Zip Code  
BOSTON MA 02111-1022

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

Name of Employer Occupation  
COMMONWEALTH OF MASSACHUSETTS GOV'S STAFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 08 / 2011  
**Transaction ID : SA11.185376**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MATTHEW CHRISTENSEN**

Mailing Address 42 REGENT ST

City State Zip Code  
CAMBRIDGE MA 02140-2112

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

Name of Employer Occupation  
ROSE PARK ADVISORS PORTFOLIO MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5075.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 12 / 2011  
**Transaction ID : SA11.185388**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THE JONES COMMITTEE**

Mailing Address 249 PARK ST

City State Zip Code  
NORTH READING MA 01864-3211

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC COMMITTEE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 20 / 2011  
**Transaction ID : SA11.185484**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6250.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 49  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. JOHN DALTON MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1157 HANCOCK ST

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>QUINCY | State<br>MA | Zip Code<br>02169-4303 |
|----------------|-------------|------------------------|

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

|                                   |                      |
|-----------------------------------|----------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>DOCTOR |
|-----------------------------------|----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5300.00

Date of Receipt  
06 / 20 / 2011  
**Transaction ID : SA11.185489**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**B. JOHN DALTON MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1157 HANCOCK ST

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>QUINCY | State<br>MA | Zip Code<br>02169-4303 |
|----------------|-------------|------------------------|

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

|                                   |                      |
|-----------------------------------|----------------------|
| Name of Employer<br>SELF-EMPLOYED | Occupation<br>DOCTOR |
|-----------------------------------|----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5300.00

Date of Receipt  
06 / 20 / 2011  
**Transaction ID : SA11.185490**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C. KEVIN DELBRIDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 ANDREA DR

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>HOPKINTON | State<br>MA | Zip Code<br>01748-2027 |
|-------------------|-------------|------------------------|

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

|   |                                 |
|---|---------------------------------|
| Name of Employer<br>HARBORVEST PARTNERS | Occupation<br>FINANCIAL ANALYST |
|---|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
06 / 21 / 2011  
**Transaction ID : SA11.185502**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 15300.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 49                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. CHRISTOPHER EGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 FLANDERS RD  
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581-1072

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

Name of Employer CARRUTH CAPITAL Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
06 / 15 / 2011  
**Transaction ID : SA11.185419**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B. RICHARD EVANS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5412 SOUTHERN HILLS DR

City FRISCO State TX Zip Code 75034-6860

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11.185519**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MADELEINE FLETCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 155 GROVE ST

City CAMBRIDGE State MA Zip Code 02138-1054

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 ▼  
240.00

Date of Receipt  
06 / 15 / 2011  
**Transaction ID : SA11.185409**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 12 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. M. DOZIER GARDNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 UPLAND RD  
 City State Zip Code  
 BROOKLINE MA 02445-7737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2011  
**Transaction ID : SA11.185366**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MARGARET GREEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 BROOKDALE LN  
 City State Zip Code  
 PEPPERELL MA 01463-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11.185516**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. WILLIAM HOFMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 RUTLEDGE RD  
 City State Zip Code  
 BELMONT MA 02478-2632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : SA11.185353**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 49  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. JEAN INMAN**

Mailing Address **PO BOX 735**

City **STOUGHTON** State **MA** Zip Code **02072-0735**

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

Name of Employer **NECNE** Occupation **EDUCATOR**

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 / 16 / 2011**

**Transaction ID : SA11.185434**

Amount of Each Receipt this Period  
**500.00**

**CONTRIBUTION**

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

Mailing Address **12 BRIMMER ST**

City **BOSTON** State **MA** Zip Code **02108-1002**

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

Name of Employer **S.B. JEFFRIES CONSULTANTS** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2011**

**Transaction ID : SA11.185337**

Amount of Each Receipt this Period  
**277.78**

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. JEANNE KANGAS**

Mailing Address **959 HILL RD**

City **BOXBOROUGH** State **MA** Zip Code **01719-1012**

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

Name of Employer **ARNOLD & KANGAS, P.C.** Occupation **LAWYER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **6350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 14 / 2011**

**Transaction ID : SA11.185404**

Amount of Each Receipt this Period  
**500.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ► **1277.78**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 49  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

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

Mailing Address 456 ROCK ST

City FALL RIVER State MA Zip Code 02720-3343

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

Name of Employer KARAM FINANCIAL Occupation PRESIDENT

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 / 27 / 2011  
**Transaction ID : SA11.185511**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. RONALD KAUFMAN**

Mailing Address 401 6TH ST SE

City WASHINGTON State DC Zip Code 20003-2704

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

Name of Employer THE DUTKO GROUP Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2011  
**Transaction ID : SA11.185488**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MICHAEL J. KENNEALY**

Mailing Address 4 BRENT RD

City LEXINGTON State MA Zip Code 02420-1824

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

Name of Employer SPECTRUM EQUITY Occupation MANAGING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2011  
**Transaction ID : SA11.185411**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. MICHAEL J. KENNEALY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 BRENT RD  
 City LEXINGTON State MA Zip Code 02420-1824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPECTRUM EQUITY Occupation MANAGING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 20 / 2011  
**Transaction ID : SA11.185453**  
 Amount of Each Receipt this Period 4000.00  
 CONTRIBUTION

**B. BARBARA KRONCKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 BAKER PL  
 City NEWTON State MA Zip Code 02462-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCCARTER AND ENGLISH Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 06 / 21 / 2011  
**Transaction ID : SA11.185501**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**C. JOHN LAROSA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 273 ROSLINDALE AVE  
 City ROSLINDALE State MA Zip Code 02131-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation BUSINESS AND POLITICAL CONSULTING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 06 / 2011  
**Transaction ID : SA11.185358**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. KENT LUCKEN**  
 Mailing Address 65 FELLSMERE RD  
 City State Zip Code  
 NEWTON MA 02459-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE CITIGROUP PRIVATE BANK PRIVATE BANKER  
 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 / 03 / 2011  
**Transaction ID : SA11.185357**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PETER MALONE**  
 Mailing Address 149 RANDOLPH AVE  
 City State Zip Code  
 MILTON MA 02186-3524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CSP CONSULTING, INC. 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  
 06 / 01 / 2011  
**Transaction ID : SA11.185339**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BRAD MARSTON**  
 Mailing Address 90 BEACON ST #2  
 City State Zip Code  
 BOSTON MA 02108-3324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2011  
**Transaction ID : SA11.185483**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**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 49                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

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

Mailing Address 63 ATLANTIC AVE  
#7E

City BOSTON State MA Zip Code 02110-3713

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

Name of Employer PATRON SPIRITS COMPANY Occupation COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
06 / 10 / 2011  
**Transaction ID : SA11.185387**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

**B. ALBERT MERCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1010 WALTHAM ST  
APT 19 DO NOT MAIL IN SUMMER

City LEXINGTON State MA Zip Code 02421-8044

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 ▼  
5000.00

Date of Receipt  
06 / 13 / 2011  
**Transaction ID : SA11.185393**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C. HENRY MEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 149

City WAKEFIELD State RI Zip Code 02880-0149

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 ▼  
500.00

Date of Receipt  
06 / 01 / 2011  
**Transaction ID : SA11.185338**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 15500.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

**A. JOSEPH MILANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 ORCHARD LN  
 City LYNFIELD State MA Zip Code 01940-1156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNION OYSTER HOUSE Occupation RESTAURANT OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2011  
**Transaction ID : SA11.185351**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MICHAEL MOTZKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 SALEM ST #405  
 City WAKEFIELD State MA Zip Code 01880-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMPIRE RECYCLING Occupation SALES MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 16 / 2011  
**Transaction ID : SA11.185431**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. ELIZABETH POWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 EDMUNDS RD  
 City WELLESLEY State MA Zip Code 02481-2722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REIRED-DIAMOND MACHINING TECNOLOGY Occupation RETIRED-MANUFACTURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2011  
**Transaction ID : SA11.185451**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. REBECCA SCHIFF**  
 Mailing Address 9 CHASKE AVE  
 City State Zip Code  
 AUBURNDALE MA 02466-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY OF RHODE ISLAND DEVELOPMENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2011  
**Transaction ID : SA11.185430**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. RONALD SKATES**  
 Mailing Address 4 BOARDMAN AVE  
 City State Zip Code  
 MANCHESTER MA 01944-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2011  
**Transaction ID : SA11.185378**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DIANNA SMITH**  
 Mailing Address 94 NEWBURY AVE  
 #314  
 City State Zip Code  
 QUINCY MA 02171-1958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BMC REGISTERED NURSE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2011  
**Transaction ID : SA11.185385**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. BRENDA SOUSSAN**

Mailing Address 1200 SALEM ST  
 #192

City State Zip Code  
 LYNNFIELD MA 01940-1594

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

Name of Employer Occupation  
 IDEA COUNSELORS SALES

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 15 / 2011  
**Transaction ID : SA11.185410**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MIMI SUNDSTROM**

Mailing Address 66 ALLERTON RD

City State Zip Code  
 MILTON MA 02186-2119

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

Name of Employer Occupation  
 GRAD STUDENT GRAD STUDENT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 20 / 2011  
**Transaction ID : SA11.185487**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KARL THOBER**

Mailing Address 502 GROVE ST

City State Zip Code  
 FRAMINGHAM MA 01701-3719

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 06 / 08 / 2011  
**Transaction ID : SA11.185365**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 49  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. KARL THOBER**

Mailing Address 502 GROVE ST

City State Zip Code  
FRAMINGHAM MA 01701-3719

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : **SA11.185413**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 10201 CENTURION PKWAY N # 100

City State Zip Code  
JACKSONVILLE FL 32256-4114

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

Name of Employer Occupation  
CIT VENDOR FINANCE FINANCE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1817.13

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

Transaction ID : **SA11.185386**

Amount of Each Receipt this Period  
1052.75

CONTRIBUTION

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  
MM / DD / YYYY

Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1152.75  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 71080.53 |

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

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

FOR LINE NUMBER: PAGE 22 OF 49  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)  
**A. PETERSON**

Mailing Address **PO BOX 274**

City **GRAFTON** State **MA** Zip Code **01519-0274**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 09    | / | 2011        |

**Transaction ID : SA11.185377**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

**CONTRIBUTION**

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

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  

|  |
|--|
|  |
|--|

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  

|  |
|--|
|  |
|--|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>500.00</b> |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY BUCKLEY**

Mailing Address 55 W BROADWAY

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
REIMBURSEMENT

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 Y |
| 06    |   | 02    |   | 2011        |

**Transaction ID : SB.146**

Amount of Each Disbursement this Period

|        |
|--------|
| 193.94 |
|--------|

Category/Type

Full Name (Last, First, Middle Initial)

**B. BOWDOIN SQUARE EXXON**

Mailing Address 239 CAMBRIDGE ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
GAS/MILEGE

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 Y |
| 06    |   | 02    |   | 2011        |

**Transaction ID : SB.160**

Amount of Each Disbursement this Period

|       |
|-------|
| 54.00 |
|-------|

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 163 HIGHLAND AVE

City NEEDHAM State MA Zip Code 02494

Purpose of Disbursement  
CAMERA CORD PURCHASE

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 Y |
| 06    |   | 02    |   | 2011        |

**Transaction ID : SB.159**

Amount of Each Disbursement this Period

|       |
|-------|
| 21.24 |
|-------|

Category/Type

[MEMO ITEM]

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

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

|        |
|--------|
| 193.94 |
|--------|

|  |
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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 Republican Party**

Full Name (Last, First, Middle Initial)

**A. VERIZON PHONE**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement  
PHONE BILL

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  
06 / 02 / 2011

**Transaction ID : SB.158**

Amount of Each Disbursement this Period

118.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Tim Buckley**

Mailing Address 55 W Broadway #8

City Boston State MA Zip Code 02127

Purpose of Disbursement  
PAYROLL

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  
06 / 07 / 2011

**Transaction ID : SB.161**

Amount of Each Disbursement this Period

1083.01

Full Name (Last, First, Middle Initial)

**C. TIMOTHY BUCKLEY**

Mailing Address 55 W BROADWAY #8

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
PAYROLL

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  
06 / 21 / 2011

**Transaction ID : SB.165**

Amount of Each Disbursement this Period

1083.01

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

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

2166.02

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
REIMBURSEMENT - PHONE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

Transaction ID : SB.1

Amount of Each Disbursement this Period

130.54

Full Name (Last, First, Middle Initial)

**B. VERIZON PHONE**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

Transaction ID : SB.152

Amount of Each Disbursement this Period

130.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

Transaction ID : SB.162

Amount of Each Disbursement this Period

940.05

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

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

1070.59

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID : SB.166**

Amount of Each Disbursement this Period

940.05

Full Name (Last, First, Middle Initial)

**B. AMANDA CODY**

Mailing Address 73 ABBOTT AVENUE

City EVERETT State MA Zip Code 02149

Purpose of Disbursement  
REIMBURSEMENT - POSTAL EXPENSES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID : SB.3**

Amount of Each Disbursement this Period

15.62

Full Name (Last, First, Middle Initial)

**C. U.S. POSTAL SERVICE**

Mailing Address JFK STATION

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
POST 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 / 15 / 2011

**Transaction ID : SB.153**

Amount of Each Disbursement this Period

15.62

**[MEMO ITEM]**

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

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

955.67

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. PATRICIA CONRADES**

Mailing Address 344 BEACON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
REFUND DUE TO EXCESS CONTRIBUTION

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 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID : **SB.104**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. MARK DEBLOIS**

Mailing Address 184 FOREST STREET

City SHERBORN State MA Zip Code 01770

Purpose of Disbursement  
REFUND DUE TO EXCESS CONTRIBUTION

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 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID : **SB.83**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. ANTONY FERRUCCI**

Mailing Address 62 DWIGHT STREET, APT 1

City BROOKLINE State MA Zip Code 02446

Purpose of Disbursement  
REIMBURSEMENT - MILEAGE, PARKING, PHONE

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 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID : **SB.14**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 3 | 2 | . | 1 | 0 |
|---|---|---|---|---|---|

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

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

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

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. BOWDOIN SQUARE EXXON**

Mailing Address 239 CAMBRIDGE ST

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
GAS/MILEGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

Transaction ID : SB.155

Amount of Each Disbursement this Period

342.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING**

Mailing Address 100 HIGH ST

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
PARKING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

Transaction ID : SB.156

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. VERIZON PHONE**

Mailing Address PO BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

Transaction ID : SB.154

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. ANTONY FERRUCCI**

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code  
BROOKLINE MA 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID : SB.163**

Amount of Each Disbursement this Period

916.77

Full Name (Last, First, Middle Initial)

**B. ANTONY FERRUCCI**

Mailing Address 62 DWIGHT STREET, APT 1

City State Zip Code  
BROOKLINE MA 02446

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID : SB.167**

Amount of Each Disbursement this Period

916.77

Full Name (Last, First, Middle Initial)

**C. DORIS HEARTY**

Mailing Address 27 SILVER HILL ROAD

City State Zip Code  
WESTON MA 02493

Purpose of Disbursement  
REFUND DUE TO EXCESS CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID : SB.44**

Amount of Each Disbursement this Period

5000.00

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

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

6833.54

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. NATHAN LITTLE**

Mailing Address 83 CONGREVE

City W ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

**Transaction ID : SB.164**

Amount of Each Disbursement this Period

2199.96

Full Name (Last, First, Middle Initial)

**B. NATHAN LITTLE**

Mailing Address 83 CONGREVE

City W ROXBURY State MA Zip Code 02132

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID : SB.168**

Amount of Each Disbursement this Period

2191.73

Full Name (Last, First, Middle Initial)

**C. MELISSA LUCAS**

Mailing Address 22 SLAYTON RD

City MELROSE State MA Zip Code 02176

Purpose of Disbursement  
Fund-raising CONSULTING- Party Only

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

**Transaction ID : SB.90**

Amount of Each Disbursement this Period

2500.00

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

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

6891.69

**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 Republican Party**

Full Name (Last, First, Middle Initial)

**A. MELISSA LUCAS**

Mailing Address 22 SLAYTON RD

City MELROSE State MA Zip Code 02176

Purpose of Disbursement  
Fund-raising CONSULTING- Party Only

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 / 2011

Transaction ID : SB.91

Amount of Each Disbursement this Period

2557.00

Full Name (Last, First, Middle Initial)

**B. JENNIFER NASSOUR**

Mailing Address 49 CHELSEA STREET

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement  
REIMBURSEMENT - CAMPAIGN SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : SB.75

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement  
CAMPAIGN SOFTWARE PAYMENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : SB.157

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]

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

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

3507.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
CC PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2011

Transaction ID : SB.7

Amount of Each Disbursement this Period

20.89

Full Name (Last, First, Middle Initial)

**B. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement  
CC PROCESSING 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 / 02 / 2011

Transaction ID : SB.16

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**C. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement  
CC PROCESSING 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 / 02 / 2011

Transaction ID : SB.17

Amount of Each Disbursement this Period

20.00

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

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

45.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. AUTHORIZE.NET**

Mailing Address P.O. BOX 8999

City State Zip Code  
SAN FRANCISCO CA 94128

Purpose of Disbursement  
CC PROCESSING 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 |
| 06    | / | 02    | / | 2011      |

**Transaction ID : SB.18**

Amount of Each Disbursement this Period

|       |
|-------|
| 15.00 |
|-------|

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA\FLEET BANK**

Mailing Address PO BOX 25118

City State Zip Code  
TAMPA FL 33622

Purpose of Disbursement  
CC PROCESSING FEE

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    | / | 01    | / | 2011      |

**Transaction ID : SB.20**

Amount of Each Disbursement this Period

|       |
|-------|
| 49.99 |
|-------|

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA\FLEET BANK**

Mailing Address PO BOX 25118

City State Zip Code  
TAMPA FL 33622

Purpose of Disbursement  
CC PROCESSING FEE

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    | / | 01    | / | 2011      |

**Transaction ID : SB.21**

Amount of Each Disbursement this Period

|       |
|-------|
| 74.99 |
|-------|

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

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

|        |
|--------|
| 139.98 |
|--------|

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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 Republican Party**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA\FLEET BANK**

Mailing Address PO BOX 25118

City TAMPA State FL Zip Code 33622

Purpose of Disbursement  
CC PROCESSING FEE

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 / 2011

Transaction ID : SB.22

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. BFS DANIELS**

Mailing Address 12 CHANNEL STREET

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
LINCOLN REAGEN INVITATIONS AND POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2011

Transaction ID : SB.24

Amount of Each Disbursement this Period

76.50

Full Name (Last, First, Middle Initial)

**C. BLUE CROSS BLUE SHIELD**

Mailing Address PO BOX 371318

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
STAFF HEALTH INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

Transaction ID : SB.27

Amount of Each Disbursement this Period

579.60

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

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

681.10

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
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| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. BOWDITCH & DEWEY**

Mailing Address 310 MAIN STREET PO BOX 15156

City WORCESTER State MA Zip Code 01615

Purpose of Disbursement  
LEGAL 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 / 15 / 2011

Transaction ID : SB.30

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BYTEBULB**

Mailing Address PO BOX 51896

City BOSTON State MA Zip Code 02205

Purpose of Disbursement  
WEB SERVER MONTHLY HOSTING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

Transaction ID : SB.32

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. CHARLESTOWN SELF STORAGE**

Mailing Address 50 TERMINAL ST

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2011

Transaction ID : SB.35

Amount of Each Disbursement this Period

327.00

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

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

1427.00

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
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| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
COMPUTER SOFTWARE BILL

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  
06 / 16 / 2011

Transaction ID : SB.37

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**B. COPY COP**

Mailing Address 12 CHANNEL ST

City State Zip Code  
BOSTON MA 02215

Purpose of Disbursement  
EVENT INVITATIONS: PARTY ONLY

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  
06 / 07 / 2011

Transaction ID : SB.39

Amount of Each Disbursement this Period

132.81

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL SYSTEMS**

Mailing Address 12450 AUTOMOBILE BOULEVARD

City State Zip Code  
CLEARWATER FL 33762

Purpose of Disbursement  
DIRECT MAIL 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 Y  
06 / 21 / 2011

Transaction ID : SB.42

Amount of Each Disbursement this Period

1320.00

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

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

2402.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. ELAVON**

Mailing Address **ONE CONCOURSE PARKWAY  
SUITE 300A**

City **ATLANTA** State **GA** Zip Code **30328**

Purpose of Disbursement  
**CC PROCESSING FEE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.46**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address **P.O. BOX 37146**

City **PITTSBURGH** State **PA** Zip Code **15250--746**

Purpose of Disbursement  
**SHIPPING**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.58**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address **P.O. BOX 37146**

City **PITTSBURGH** State **PA** Zip Code **15250--746**

Purpose of Disbursement  
**SHIPPING**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB.59**

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)

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| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address P.O. BOX 37146

City PITTSBURGH State PA Zip Code 15250--746

Purpose of Disbursement  
SHIPPING

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 / 2011

**Transaction ID : SB.63**

Amount of Each Disbursement this Period

48.01

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address P.O. BOX 37146

City PITTSBURGH State PA Zip Code 15250--746

Purpose of Disbursement  
SHIPPING

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 / 2011

**Transaction ID : SB.67**

Amount of Each Disbursement this Period

48.01

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address P.O. BOX 37146

City PITTSBURGH State PA Zip Code 15250--746

Purpose of Disbursement  
SHIPPING

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 / 2011

**Transaction ID : SB.68**

Amount of Each Disbursement this Period

15.17

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

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

111.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. ICONTACT**

Mailing Address 5221 PARAMOUNT PARKWAY

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement  
EMAIL BLAST 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 / 03 / 2011

Transaction ID : **SB.70**

Amount of Each Disbursement this Period

149.00

Full Name (Last, First, Middle Initial)

**B. INTUIT QB ONLINE**

Mailing Address 2700 COAST AVENUE

City MOUNTAIN VIEW State CA Zip Code 94943

Purpose of Disbursement  
ACCOUNTING SYSTEM FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2011

Transaction ID : **SB.72**

Amount of Each Disbursement this Period

37.13

Full Name (Last, First, Middle Initial)

**C. KAUPPI COMMUNICATIONS**

Mailing Address PO BOX 152

City WEST GROTON State MA Zip Code 01472

Purpose of Disbursement  
PUBLIC RELATIONS CONSULTING-MAY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2011

Transaction ID : **SB.77**

Amount of Each Disbursement this Period

3000.00

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

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

3186.13

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
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| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. KONICA MINOLTA PREMIER FINANCE**

Mailing Address PO BOX 790448

City ST LOUIS State MO Zip Code 63179-0-44

Purpose of Disbursement  
COPIER LEASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2011

Transaction ID : SB.79

Amount of Each Disbursement this Period

1052.75

Full Name (Last, First, Middle Initial)

**B. KONICA MINOLTA PREMIER FINANCE**

Mailing Address PO BOX 790448

City ST LOUIS State MO Zip Code 63179-0-44

Purpose of Disbursement  
COPIER SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : SB.80

Amount of Each Disbursement this Period

1817.13

Full Name (Last, First, Middle Initial)

**C. MARTHA'S CROWN PLAZA HOTEL**

Mailing Address 320 WASHINGTON ST

City NEWTON State MA Zip Code 02458

Purpose of Disbursement  
STATE COMMITTEE MEETING ROOM FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2011

Transaction ID : SB.85

Amount of Each Disbursement this Period

1660.76

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

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

4530.64

**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 Republican Party**

Full Name (Last, First, Middle Initial)

**A. MERCHANTS BANKCARDS**

Mailing Address 1700 N DIXIE HIGHWAY

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement  
CC PROCESSING FEE

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  
06 / 03 / 2011

Transaction ID : SB.93

Amount of Each Disbursement this Period

177.45

Full Name (Last, First, Middle Initial)

**B. MERCHANTS BANKCARDS**

Mailing Address 1700 N DIXIE HIGHWAY

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement  
CC PROCESSING FEE

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  
06 / 03 / 2011

Transaction ID : SB.94

Amount of Each Disbursement this Period

57.45

Full Name (Last, First, Middle Initial)

**C. OMNI SECURITY SYSTEMS, INC.**

Mailing Address PEARSON PLAZA, PO BOX 879

City BYFIELD State MA Zip Code 01922

Purpose of Disbursement  
ALARM SYSTEM SERVICE CALL

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  
06 / 21 / 2011

Transaction ID : SB.96

Amount of Each Disbursement this Period

90.00

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

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

324.90

**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 Republican Party**

Full Name (Last, First, Middle Initial)

**A. OX-EYE PROPERTIES**

Mailing Address C/O TRIAD LC  
117 SOUTH 14TH ST. S

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
OFFICE RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

Transaction ID : SB.100

Amount of Each Disbursement this Period

482.07

Full Name (Last, First, Middle Initial)

**B. OX-EYE PROPERTIES**

Mailing Address C/O TRIAD LC  
117 SOUTH 14TH ST. S

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

Transaction ID : SB.101

Amount of Each Disbursement this Period

4434.00

Full Name (Last, First, Middle Initial)

**C. OX-EYE PROPERTIES**

Mailing Address C/O TRIAD LC  
117 SOUTH 14TH ST. S

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2011

Transaction ID : SB.99

Amount of Each Disbursement this Period

482.07

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

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

5398.14

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

Transaction ID : SB.107

Amount of Each Disbursement this Period

1922.29

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2011

Transaction ID : SB.108

Amount of Each Disbursement this Period

41.60

Full Name (Last, First, Middle Initial)

**C. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

Transaction ID : SB.109

Amount of Each Disbursement this Period

41.60

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

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

2005.49

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID : SB.110**

Amount of Each Disbursement this Period

1911.81

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL SERVICE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID : SB.112**

Amount of Each Disbursement this Period

41.60

Full Name (Last, First, Middle Initial)

**C. PAYRIGHT PAYROLL SERVICES**

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID : SB.114**

Amount of Each Disbursement this Period

1911.81

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

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

3865.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. PLAQUEMAKER COM**

Mailing Address 289 BUSINESS PK DR

City FORTVILLE State IN Zip Code 46040

Purpose of Disbursement  
EVENT AWARD: PARTY ONLY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2011

Transaction ID : SB.128

Amount of Each Disbursement this Period

62.69

Full Name (Last, First, Middle Initial)

**B. POLAND SPRING**

Mailing Address P.O. BOX 856192

City LOUISVILLE State KY Zip Code 40285-619

Purpose of Disbursement  
BOTTLED WATER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2011

Transaction ID : SB.131

Amount of Each Disbursement this Period

36.54

Full Name (Last, First, Middle Initial)

**C. PROLAB EXPRESS**

Mailing Address 3525 LOUSMA DR SE

City GRAND RAPIDS State MI Zip Code 49548

Purpose of Disbursement  
PHOTOGRAPHY PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2011

Transaction ID : SB.133

Amount of Each Disbursement this Period

12.34

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

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

111.57

**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 Republican Party**

Full Name (Last, First, Middle Initial)

**A. SHERATON BOSTON HOTEL**

Mailing Address 39 DALTON ST

City BOSTON State MA Zip Code 02199

Purpose of Disbursement  
EVENT rental, food & drink - PARTY ONLY

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 | 6 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID : SB.136

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 1 | 2 | 0 | . | 1 | 9 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address STAPLES CREDIT PLAN

City DES MOINES State IA Zip Code 50368--902

Purpose of Disbursement  
OFFICE SUPPLIES

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 | 6 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

Transaction ID : SB.138

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 1 | 4 | . | 5 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address STAPLES CREDIT PLAN

City DES MOINES State IA Zip Code 50368--902

Purpose of Disbursement  
OFFICE SUPPLIES

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 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 1 |

Transaction ID : SB.139

Amount of Each Disbursement this Period

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

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 6 | 4 | . | 8 | 7 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 7 | 6 | 4 | . | 8 | 7 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Massachusetts Republican Party**

Full Name (Last, First, Middle Initial)

**A. THE UNION CLUB OF BOSTON**

Mailing Address 8 PARK STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
EVENT Room Rental - PARTY ONLY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : SB.142

Amount of Each Disbursement this Period

1977.36

Full Name (Last, First, Middle Initial)

**B. THE UNION CLUB OF BOSTON**

Mailing Address 8 PARK STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
EVENT food and beverage - PARTY ONLY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : SB.143

Amount of Each Disbursement this Period

420.09

Full Name (Last, First, Middle Initial)

**C. THE UNION CLUB OF BOSTON**

Mailing Address 8 PARK STREET

City BOSTON State MA Zip Code 02108

Purpose of Disbursement  
EVENT Room Rental - PARTY ONLY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2011

Transaction ID : SB.144

Amount of Each Disbursement this Period

2397.45

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

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

4794.90

# 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 Republican Party**

Full Name (Last, First, Middle Initial)

## A. U.S. POSTAL SERVICE- PERMIT FEE WINDOW

Mailing Address **BOSTON PERMIT FEE WINDOW  
PO BOX 5**

City **BOSTON** State **MA** Zip Code **02205**

Purpose of Disbursement  
**BOSTON PERMIT RENEWAL**

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 |   | 0 | 2 |   | 2 | 0 | 1 | 1 |

**Transaction ID : SB.148**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

## B. VERIZON PHONE

Mailing Address **PO BOX 1100**

City **ALBANY** State **NY** Zip Code **12250-0000**

Purpose of Disbursement  
**OFFICE TELEPHONE EXPENSE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 7 |   | 2 | 0 | 1 | 1 |

**Transaction ID : SB.151**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 6 | 5 | 5 | 4 | 7 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 4 | 5 | 4 | 7 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 3 | 2 | 4 | 3 | 5 | 7 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

