

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00549782 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / 07 01 2017 through / / 09 30 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
CRATE, BRADLEY, T., ,
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., [Electronically Filed] Date / / 10 09 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value=""/>	<input type="text" value="85784.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="161806.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="468964.97"/>	<input type="text" value="1653472.36"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="630771.19"/>	<input type="text" value="1739256.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="514478.67"/>	<input type="text" value="1622964.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="116292.52"/>	<input type="text" value="116292.52"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y 09 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	462550.00	1631000.00
(ii) Unitemized	755.00	2190.20
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	463305.00	1633190.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	19500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	468305.00	1652690.20
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).....	659.97	782.16
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)).....▶	468964.97	1653472.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	468964.97	1653472.36

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	136503.64	425791.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	136503.64	425791.48
22. Transfers to Affiliated/Other Party Committees.....	362975.03	1176772.92
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 (52 U.S.C. § 30116(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	15000.00	20400.00
(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)).....	15000.00	20400.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	514478.67	1622964.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	514478.67	1622964.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	468305.00	1652690.20
34. Total Contribution Refunds (from Line 28(d))	15000.00	20400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	453305.00	1632290.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	136503.64	425791.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	659.97	782.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	135843.67	425009.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. AHEARN, PATRICK, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 COMMONWEALTH AVENUE
SUITE L3

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

Name of Employer (for Individual) PATRICK AHEARN ARCHITECT, LLC	Occupation (for Individual) ARCHITECT
--	--

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
07		31		2017

Transaction ID : SA11AI.11906

Amount of Each Receipt this Period
500.00

Memo Item

B. ANDERSON, JOHN, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 WHITING ST

City WRENTHAM	State MA	Zip Code 02093
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PLUMB HOUSE	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : SA11AI.11908

Amount of Each Receipt this Period
1000.00

Memo Item

C. BREAZZANO, DAVID, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 193 DUTTON ROAD

City SUDBURY	State MA	Zip Code 01776
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DDJ CAPITAL MANAGEMENT, LLC	Occupation (for Individual) INVESTMENTS
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
35000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2017

Transaction ID : SA11AI.11858

Amount of Each Receipt this Period
15000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	16500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. CAMPANELLA, KATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 RIVER ROAD
 City WESTON State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 9000.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.11887
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. COFFMAN, BARRY, JAY, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 837 GREAT PLAIN AVE
 City NEEDHAM State MA Zip Code 02492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LAUNCHPAD VENTURE GROUP Occupation (for Individual) BOARDMEMBER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2017
Transaction ID : SA11AI.11898
 Amount of Each Receipt this Period 500.00
 Memo Item

C. COGHLIN, JAMES, , MR., SR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 ALMONDWOOD CIRCLE
 City SHREWSBURY State MA Zip Code 01545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COGHLIN COMPANIES INC Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 29 / 2017
Transaction ID : SA11AI.11855
 Amount of Each Receipt this Period 5000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. COHEN, HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 CHESTNUT HILL ROAD
 City NEWTON State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEACON RESIDENTIAL MANAGEMENT Occupation (for Individual) BUSINESS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.11847
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. CONNORS, CHRISTIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 PARSONS HILL RD
 City WENHAM State MA Zip Code 01984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SHOOTER DETECTION SYSTEM Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2017
Transaction ID : SA11AI.11941
 Amount of Each Receipt this Period 250.00
 Memo Item

C. CUMMINGS, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 THROWBRIDGE DRIVE
 City SCOTCH PLAINS State NJ Zip Code 07076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 16 / 2017
Transaction ID : SA11AI.11921
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. DEMAKES, THOMAS, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 BLODGETT AVE.

City SWAMPSCOTT	State MA	Zip Code 01907
--------------------	-------------	-------------------

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

Name of Employer (for Individual) DEMAKES ENTERPRISES	Occupation (for Individual) EXECUTIVE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2017

Transaction ID : SA11AI.11860

Amount of Each Receipt this Period
1000.00

Memo Item

B. DEMARS, DANA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 SLEEPY HOLLOW DRIVE

City GREENLAND	State NH	Zip Code 03840
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BLACK DOG DIVERS	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

Transaction ID : SA11AI.11849

Amount of Each Receipt this Period
15000.00

Memo Item

C. DONNEFELD, NEIL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 376 HUMPHREY STREET

City SWAMPSCOTT	State MA	Zip Code 01907
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRODUCTS AHEAD LLC	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2017

Transaction ID : SA11AI.11910

Amount of Each Receipt this Period
400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	16400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. EMERSON, W. HUNTER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 ABBOTT STREET
 City WELLESLEY State MA Zip Code 02482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EQUITY INDUSTRIAL PARTNERS CORP Occupation (for Individual) COMMERCIAL REAL ESTATE/INVEST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2017
Transaction ID : SA11AI.11864
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. FELDMAN, JERALD, R, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187 NEWTON STREET
 City WESTON State MA Zip Code 02193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REAL ESTATE BROKER Occupation (for Individual) FELDMAN REALTY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.11933
 Amount of Each Receipt this Period 4000.00
 Memo Item

C. FEY, GRACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 COMMONWEALTH AVENUE
 City BOSTON State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2017
Transaction ID : SA11AI.11927
 Amount of Each Receipt this Period 1000.00
 Memo Item

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: (check only one)	PAGE 11 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. GERVAIS, JOSEPH, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 CATBOAT LANE
 City VINEYARD HAVEN State MA Zip Code 02568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TASHMOO INSURANCE AGENCY Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2017
Transaction ID : SA11AI.11945
 Amount of Each Receipt this Period 500.00
 Memo Item

B. GUERREIRO, VICTOR, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MEADOW LANE APT. 5
 City BRIDGEWATER State MA Zip Code 02324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GUERREIRO CONSTRUCTION Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 43900.00

Date of Receipt 07 / 27 / 2017
Transaction ID : SA11AI.11876
 Amount of Each Receipt this Period 43900.00
 Memo Item

C. GUPTA, MANISH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 PENWOOD CROSSING
 City GLASTONBURY State CT Zip Code 06033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GM2 ASSOCIATES Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 19 / 2017
Transaction ID : SA11AI.11875
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 54400.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. HAYNES, BRYAN, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 385 West Street

City West Bridgewater	State MA	Zip Code 02379
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) HAYNES GROUP INC.	Occupation (for Individual) OWNER/CEO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.11879

Amount of Each Receipt this Period
2500.00

Memo Item

B. HAYNES, MICHAEL, C, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 CANTON ST

City S. EASTON	State MA	Zip Code 02356
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HAYNES GROUP, INC,	Occupation (for Individual) OWNER/CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.11881

Amount of Each Receipt this Period
2500.00

Memo Item

C. HENKEN, GABRIELLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28 JACK PINE DRIVE

City SUDBURY	State MA	Zip Code 01776
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HENKEN REALTY	Occupation (for Individual) REALTOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : SA11AI.11882

Amount of Each Receipt this Period
1000.00

Memo Item

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: (check only one)	PAGE 13 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. HENKEN, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 JACK PINE DRIVE
 City SUDBURY State MA Zip Code 01776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SCHOCHET ASSOCIATES Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 09 / 27 / 2017
Transaction ID : SA11AI.11931
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. HENSLEY, E., BYRON, MR., JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 N. FLAG LEE DR UNIT 2305
 City WEST PALM BEACH State FL Zip Code 33401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SENIORLINK Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 22 / 2017
Transaction ID : SA11AI.11937
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. HOOPER, FREDERICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 WELLINGTON STREET
 City NASHUA State NH Zip Code 03064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERRA INNOVATION INC. Occupation (for Individual) VP TECHNOLOGY & PRODUCT DEVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 19 / 2017
Transaction ID : SA11AI.11893
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	13000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 128
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. HOSKINS, WILLIAM K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HARVEST CIRCLE
 City LINCOLN State MA Zip Code 01775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOSKINS & ASSOCIATES Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2017
Transaction ID : SA11AI.11888
 Amount of Each Receipt this Period
 10000.00
 Memo Item

B. HOSKINS, WILLIAM K., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 HARVEST CIRCLE
 City LINCOLN State MA Zip Code 01775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOSKINS & ASSOCIATES Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2017
Transaction ID : SA11AI.11889
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. JACOBSON, MICHAEL, J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 HIGHLAND AVE
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) P.G.E MANAGEMENT, INC. Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 43900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017
Transaction ID : SA11AI.11907
 Amount of Each Receipt this Period
 43900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. JOHNSON, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 HILLINGTON DRIVE
 City NORTH EASTON State MA Zip Code 02356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYMOND PILING PRODUCTS, INC. Occupation (for Individual) OFFICE MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 11 / 2017**
Transaction ID : SA11AI.11914
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. JOHNSON, RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 HILINGTON DRIVE
 City NORTH EASTON State MA Zip Code 02356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYMOND PILING PRODUCTS, INC. Occupation (for Individual) STEEL SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 11 / 2017**
Transaction ID : SA11AI.11912
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. KAPANI, ROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5105 LOWELL LANE, NW
 City WASHINGTON State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ECS Occupation (for Individual) EXECUTIVE CHAIRMAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **07 / 25 / 2017**
Transaction ID : SA11AI.11862
 Amount of Each Receipt this Period 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	20000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. KERSHAW, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 BEACON STREET
 City BOSTON State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAMPSHIRE HOUSE CORPORATION Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 35000.00

Date of Receipt 07 / 28 / 2017
Transaction ID : SA11AI.11877
 Amount of Each Receipt this Period 10000.00
 Memo Item

B. KESSLER, HOWARD, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 CASA BENDITA
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KESSLER GROUP Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 22 / 2017
Transaction ID : SA11AI.11894
 Amount of Each Receipt this Period 10000.00
 Memo Item

C. KULIK, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 MERRIAM AVE SUITE 201
 City LEOMINSTER State MA Zip Code 01453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HENRY C KULIK, JR CPA LLC Occupation (for Individual) CEO/CPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.11883
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	23000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 17 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. LITLE, JOAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1182 MONUMENT ST
 City CONCORD State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2017
Transaction ID : SA11AI.11885
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. LITLE, THOMAS, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1182 MONUMENT ST
 City CONCORD State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LITLE & CO. Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2017
Transaction ID : SA11AI.11900
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. LONGFIELD, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 COOLIDGE HILL
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACKBAUD, INC. Occupation (for Individual) INFORMATION TECHNOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 24 / 2017
Transaction ID : SA11AI.11851
 Amount of Each Receipt this Period 5000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MALONE, PETER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 RANDOLPH AVE

City MILTON	State MA	Zip Code 02186
----------------	-------------	-------------------

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

Name of Employer (for Individual) CARLYLE GROUP	Occupation (for Individual) PRIVATE EQUITY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

Transaction ID : SA11AI.11852

Amount of Each Receipt this Period
2000.00

Memo Item

B. MARAGANORE, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 FRANKLIN STREET

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

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

Name of Employer (for Individual) ALNYLAM PHARMACEUTICALS	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.11843

Amount of Each Receipt this Period
10000.00

Memo Item

C. MASSEY, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 MOUNT VERNON STREET

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

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

Name of Employer (for Individual) MASSEY & CO	Occupation (for Individual) FOUNDER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2017

Transaction ID : SA11AI.11902

Amount of Each Receipt this Period
10000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	22000.00
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 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MAUL, KIMBERLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 MEADOWCREST DR.
 City CUMBERLAND State RI Zip Code 02864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KJ MAUL CONSTRUCTION LLC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2017
Transaction ID : SA11AI.11896
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. MCKIM, ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 TURNERS WAY
 City NORWELL State MA Zip Code 02061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CLEAN HARBORS, INC. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2017
Transaction ID : SA11AI.11853
 Amount of Each Receipt this Period
 15000.00
 Memo Item

C. MONAGHAN, RICHARD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 ALEXANDRA WAY
 City HINGHAM State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2017
Transaction ID : SA11AI.11928
 Amount of Each Receipt this Period
 10000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MOONEY, JAMES, F, MR., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 EDMUNDS RD

City WELLESLEY	State MA	Zip Code 02481
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE BAUPOST GROUP	Occupation (for Individual) INVESTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.11948

Amount of Each Receipt this Period
43900.00

Memo Item

B. MOONEY, LISA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 166 EDMUNDS RD

City WELLESLEY	State MA	Zip Code 02481
-------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	Occupation (for Individual) HOMEMAKER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
43900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2017

Transaction ID : SA11AI.11886

Amount of Each Receipt this Period
43900.00

Memo Item

C. MURRAY JR., PAUL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 AGAWAM RD

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

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

Name of Employer (for Individual) MERRILL LYNCH	Occupation (for Individual) INVESTMENT ADVISOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : SA11AI.11904

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	88800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 128
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. MUSICANT, MYRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 CHESTNUT HILL ROAD
 City NEWTON State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.11930
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. PESCE, MARY ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 CRANBERRY LANE
 City WESTON State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt 08 / 01 / 2017
Transaction ID : SA11AI.11919
 Amount of Each Receipt this Period 16000.00
 Memo Item

C. PICKNELLY, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 PARK DRIVE
 City SPRINGFIELD State MA Zip Code 01106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EXECUTIVE Occupation (for Individual) PETER PAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2017
Transaction ID : SA11AI.11866
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	22000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 128
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. PULSIFER, GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 BRIDGE STREET
 City NORWELL State MA Zip Code 02061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FIRST RESOURCE MANAGEMENT CO. Occupation (for Individual) REAL ESTATE MANAGEMENT
 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
 09 / 27 / 2017
Transaction ID : SA11AI.11871
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. RAUSCHENBACH, HENRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1064
 City BREWSTER State MA Zip Code 02631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SMITH & RAUSENBACH Occupation (for Individual) CONSULTANT
 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
 07 / 28 / 2017
Transaction ID : SA11AI.11943
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. REILLY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 HOYT FARM ROAD
 City NEW CANAAN State CT Zip Code 06840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACK ASSET Occupation (for Individual) FINANCE
 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
 07 / 20 / 2017
Transaction ID : SA11AI.11839
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. RILEY, THOMAS, P, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 HUNTINGTON AVE

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

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

Name of Employer (for Individual) SENIORLINK, INC.	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2017

Transaction ID : SA11AI.11939

Amount of Each Receipt this Period
1800.00

Memo Item

B. SCOLA, ANGELO, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 MARSTON WAY

City WORCESTER	State MA	Zip Code 01609
-------------------	-------------	-------------------

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

Name of Employer (for Individual) INTERRA INNOVATIO, INC.	Occupation (for Individual) VICE PRESIDENT NATIONAL OPERA
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

Transaction ID : SA11AI.11891

Amount of Each Receipt this Period
10000.00

Memo Item

C. SHERIDAN, ROBERT, K, MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 CAMELOT DRIVE

City HINGHAM	State MA	Zip Code 02043
-----------------	-------------	-------------------

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

Name of Employer (for Individual) THE SAVINGS BANK LIFE INSURANCE	Occupation (for Individual) PRESIDENT EMERITUS
--	---

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
07		31		2017

Transaction ID : SA11AI.11949

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	13800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 128
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. THURSTON, JENNIFER, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 386 MAIN STREET

City HANOVER	State MA	Zip Code 02339
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FIRST RESOURCE DEVELOPMENT	Occupation (for Individual) ASSISTANT DEVELOPER
---	--

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
09		27		2017

Transaction ID : SA11AI.11870

Amount of Each Receipt this Period
500.00

Memo Item

B. VERRIER, ROBERT, , MR.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 HARBELL ST

City LEXINGTON	State MA	Zip Code 02421
-------------------	-------------	-------------------

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

Name of Employer (for Individual) THE ARCHITECTURAL TEAM INC	Occupation (for Individual) ARCHITECT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2017

Transaction ID : SA11AI.11947

Amount of Each Receipt this Period
1000.00

Memo Item

C. WAGNER, HERBERT, S., , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 163 BRATT 6 ST.

City CAMBRIDGE	State MA	Zip Code 02138
-------------------	-------------	-------------------

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

Name of Employer (for Individual) FINEPOINT CAPITAL LP	Occupation (for Individual) FINANCE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2017

Transaction ID : SA11AI.11868

Amount of Each Receipt this Period
10000.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 25 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. WESTHAVER, ADAM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 470 LAUNCH CIRCLE
 UNIT 405
 City NAPLES State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RED TECHNOLOGIES Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt **07 / 27 / 2017**
Transaction ID : SA11AI.11833
 Amount of Each Receipt this Period 15000.00
 Memo Item

B. WORDEN, LEONARD, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 CAMELOT RD.
 City WINDHAM State NH Zip Code 03087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CSI GROUP Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **08 / 16 / 2017**
Transaction ID : SA11AI.11857
 Amount of Each Receipt this Period 20000.00
 Memo Item

C. ZANE, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 LAZELL STREET
 City HINGHAM State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **09 / 12 / 2017**
Transaction ID : SA11AI.11925
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 38000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 128
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ZARRELLA, RONALD, L, MR.,
Mailing Address 195 SANDRINGHAM ROAD
City ROCHESTER State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 28 / 2017
Transaction ID : SA11AL11917
Amount of Each Receipt this Period
3000.00
 Memo Item

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

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

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

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶ 462550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 128
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HNTB HOLDINGS LTD. PAC

Mailing Address 715 KIRK DRIVE

City KANSAS CITY	State MO	Zip Code 64105
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00386029

Name of Employer (for Individual) Occupation (for Individual)

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
09	/	28	/	2017

Transaction ID : SA11C.11837

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 28 OF 128
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NANTUCKET INN

Mailing Address **1 MILLER'S LANE**

City NANTUCKET	State MA	Zip Code 02554
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **477.97**

Date of Receipt
07 / 13 / 2017

Transaction ID : SA15.11830

Amount of Each Receipt this Period
477.97

Memo Item
VENDOR REFUND - OVERPAYMENT

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	477.97
TOTAL This Period (last page this line number only).....	477.97

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. A.J. LUKE'S OF HYANNIS, INC.		Date of Disbursement MM / DD / YYYY 07 / 28 / 2017
Mailing Address 395 BARNSTABLE ROAD		FEC Identification Number C [] Transaction ID : SB21B.12019 Amount of Each Disbursement this Period [] 511.21
City HYANNIS	State MA	Zip Code 02601
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ABE & LOUIE'S		Date of Disbursement MM / DD / YYYY 08 / 09 / 2017
Mailing Address 793 BOYLSTON STREET		FEC Identification Number C [] Transaction ID : SB21B.12028 Amount of Each Disbursement this Period [] 176.59
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ACE TICKET		Date of Disbursement MM / DD / YYYY 07 / 27 / 2017
Mailing Address 534 COMMONWEALTH AVE		FEC Identification Number C [] Transaction ID : SB21B.12317 Amount of Each Disbursement this Period [] 933.80
City BOSTON	State MA	Zip Code 02215
Purpose of Disbursement EVENT EXPENSE: TICKETS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1621.60
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. ALCOCK, CAROLINE, , ,		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017	
Mailing Address 35 MYRTLE ST. APT. 1		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11999 Amount of Each Disbursement this Period 8000.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. ALCOCK, CAROLINE, , ,		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 35 MYRTLE ST. APT. 1		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12000 Amount of Each Disbursement this Period 4000.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. AMERICAN TENT & TABLE, INC.		Date of Disbursement MM / DD / YYYY 08 / 22 / 2017	
Mailing Address 381 OLD FALMOUTH ROAD, UNIT 41 PO BOX 1348		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11963 Amount of Each Disbursement this Period 5903.20	
City MARSTON MILLS	State MA	Zip Code 02648	Category/ Type [REDACTED]
Purpose of Disbursement EVENT STAGING EXPENSE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

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

17903.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2017

Mailing Address 138 CONANT STREET
2ND FLOOR

FEC Identification Number

C []
Transaction ID : SB21B.12051
Amount of Each Disbursement this Period
[] 400.00

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2017

Mailing Address 138 CONANT STREET
2ND FLOOR

FEC Identification Number

C []
Transaction ID : SB21B.12052
Amount of Each Disbursement this Period
[] 1200.00

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2017

Mailing Address 138 CONANT STREET
2ND FLOOR

FEC Identification Number

C []
Transaction ID : SB21B.12053
Amount of Each Disbursement this Period
[] 440.20

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

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

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

[] 2040.20
[]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2017

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C []
Transaction ID : SB21B.12054
Amount of Each Disbursement this Period
[] 200.00

Candidate Name

Category/
Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2017

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C []
Transaction ID : SB21B.12055
Amount of Each Disbursement this Period
[] 2356.00

Candidate Name

Category/
Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2017

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C []
Transaction ID : SB21B.12056
Amount of Each Disbursement this Period
[] 400.00

Candidate Name

Category/
Type

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

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

2956.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 01 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12057
Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12058
Amount of Each Disbursement this Period

[REDACTED] 640.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 14 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12055
Amount of Each Disbursement this Period

[REDACTED] 16.00

Memo Item

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

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

[REDACTED] 696.00

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12060
Amount of Each Disbursement this Period
4.00

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12061
Amount of Each Disbursement this Period
600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12062
Amount of Each Disbursement this Period
120.00

Memo Item

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

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

724.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	7		

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C []

Transaction ID : SB21B.12063
Amount of Each Disbursement this Period

[] 120.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	7		

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C []

Transaction ID : SB21B.12064
Amount of Each Disbursement this Period

[] 60.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

FEC Identification Number

C []

Transaction ID : SB21B.12065
Amount of Each Disbursement this Period

[] 40.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

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

[] 220.00

[]

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12066

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12067

Amount of Each Disbursement this Period

440.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12068

Amount of Each Disbursement this Period

4.00

Memo Item

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

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

844.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12069
Amount of Each Disbursement this Period
140.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ARAMARK

Mailing Address 1101 MARKET STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12172
Amount of Each Disbursement this Period
50.84

Memo Item

Full Name (Last, First, Middle Initial)

C. ARAMARK

Mailing Address 1101 MARKET STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12045
Amount of Each Disbursement this Period
30.00

Memo Item

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

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

220.84

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ARAMARK

Mailing Address 1101 MARKET STREET

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12050
Amount of Each Disbursement this Period
100.04

Memo Item

Full Name (Last, First, Middle Initial)

B. BACK BAY GARAGE

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12098
Amount of Each Disbursement this Period
42.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BACK BAY GARAGE

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12103
Amount of Each Disbursement this Period
42.00

Memo Item

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

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

184.04

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BACK BAY GARAGE		Date of Disbursement MM / DD / YYYY 08 / 03 / 2017	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12107 Amount of Each Disbursement this Period 28.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type
Purpose of Disbursement PARKING SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BACK BAY GARAGE		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12116 Amount of Each Disbursement this Period 42.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type
Purpose of Disbursement PARKING SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BACK BAY GARAGE		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017	
Mailing Address 222 BERKELEY ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12116 Amount of Each Disbursement this Period 42.00	
City BOSTON	State MA	Zip Code 02116	Category/ Type
Purpose of Disbursement PARKING SERVICES			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

112.00

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BJ'S WHOLESALE CLUB, INC.		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017	
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [] Transaction ID : SB21B.12074	
City WESTBOROUGH	State MA	Zip Code 01581	Amount of Each Disbursement this Period [] 427.03
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BJ'S WHOLESALE CLUB, INC.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017	
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [] Transaction ID : SB21B.12077	
City WESTBOROUGH	State MA	Zip Code 01581	Amount of Each Disbursement this Period [] 620.42
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BJ'S WHOLESALE CLUB, INC.		Date of Disbursement MM / DD / YYYY 08 / 21 / 2017	
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [] Transaction ID : SB21B.12087	
City WESTBOROUGH	State MA	Zip Code 01581	Amount of Each Disbursement this Period [] 373.27
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1420.72
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. BJ'S WHOLESALE CLUB, INC.		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address 25 RESEARCH DRIVE		FEC Identification Number C [] Transaction ID : SB21B.12089 Amount of Each Disbursement this Period [] 408.89
City WESTBOROUGH	State MA	Zip Code 01581
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BOSTON TAXI		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017
Mailing Address 37-03 21ST STREET		FEC Identification Number C [] Transaction ID : SB21B.12205 Amount of Each Disbursement this Period [] 45.25
City LONG ISLAND CITY	State NY	Zip Code 11101
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BOSTON TAXI		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017
Mailing Address 37-03 21ST STREET		FEC Identification Number C [] Transaction ID : SB21B.12207 Amount of Each Disbursement this Period [] 16.05
City LONG ISLAND CITY	State NY	Zip Code 11101
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 470.19
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12208
Amount of Each Disbursement this Period
27.80

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12211
Amount of Each Disbursement this Period
12.20

Memo Item

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12211
Amount of Each Disbursement this Period
6.60

Memo Item

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

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

46.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12220
Amount of Each Disbursement this Period
12.20

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12223
Amount of Each Disbursement this Period
21.60

Memo Item

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12232
Amount of Each Disbursement this Period
9.40

Memo Item

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

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

43.20

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12234
Amount of Each Disbursement this Period
12.20

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12240
Amount of Each Disbursement this Period
8.20

Memo Item

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12256
Amount of Each Disbursement this Period
9.40

Memo Item

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

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

29.80

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12258
Amount of Each Disbursement this Period
14.80

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12272
Amount of Each Disbursement this Period
9.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B.1229c
Amount of Each Disbursement this Period
11.00

Memo Item

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

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

34.80

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12293
Amount of Each Disbursement this Period
9.40

Memo Item

Full Name (Last, First, Middle Initial)

B. BOYSE, NATALIE, , ,

Mailing Address 85 MERRIMAC STREET
4TH FLOOR

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11995
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPE AIR

Mailing Address 660 BARNSTABLE ROAD

City HYANNIS State MA Zip Code 02601

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12168
Amount of Each Disbursement this Period
218.00

Memo Item

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

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

727.40

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. CAPE COD VALET		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 101 STRAWBERRY HILL RD		FEC Identification Number C [] Transaction ID : SB21B.12105 Amount of Each Disbursement this Period [] 2388.00
City CENTERVILLE	State MA	Zip Code 02632
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAPITAL GRILLE		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 1000 DARDEN CENTER DRIVE		FEC Identification Number C [] Transaction ID : SB21B.11967 Amount of Each Disbursement this Period [] 1703.50
City ORLANDO	State FL	Zip Code 32837
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAPITAL GRILLE		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 1000 DARDEN CENTER DRIVE		FEC Identification Number C [] Transaction ID : SB21B.12011 Amount of Each Disbursement this Period [] 136.72
City ORLANDO	State FL	Zip Code 32837
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4228.22
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11952
Amount of Each Disbursement this Period
35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11953
Amount of Each Disbursement this Period
12.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11954
Amount of Each Disbursement this Period
20.00

Memo Item

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

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

67.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. COOGAN, JOHN, , ,		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017	
Mailing Address 21 FOUNDRY ST.		FEC Identification Number C [] Transaction ID : SB21B.11990 Amount of Each Disbursement this Period [] 1000.00	
City MEDFIELD	State MA	Zip Code 02052	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. COOGAN, JOHN, , ,		Date of Disbursement MM / DD / YYYY 08 / 21 / 2017	
Mailing Address 21 FOUNDRY ST.		FEC Identification Number C [] Transaction ID : SB21B.11961 Amount of Each Disbursement this Period [] 444.80	
City MEDFIELD	State MA	Zip Code 02052	Category/ Type []
Purpose of Disbursement COOGAN REIMBURSEMENT: SEE MEMO ENTRIES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. COOGAN, JOHN, , ,		Date of Disbursement MM / DD / YYYY 08 / 21 / 2017	
Mailing Address 21 FOUNDRY ST.		FEC Identification Number C [] Transaction ID : SB21B.11962 Amount of Each Disbursement this Period [] 444.80	
City MEDFIELD	State MA	Zip Code 02052	Category/ Type []
Purpose of Disbursement COOGAN REIMBURSEMENT: TRAVEL: MILEAGE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1444.80
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. COOGAN, JOHN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 21 FOUNDRY ST.

City MEDFIELD State MA Zip Code 02052

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.11996

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. DAVIO'S

Full Name (Last, First, Middle Initial)

Mailing Address 55 BOYLSTON STREET

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 11 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12007

Amount of Each Disbursement this Period: 387.79

Memo Item

C. DBP CONSULTING LLC

Full Name (Last, First, Middle Initial)

Mailing Address 85 MERRIMAC ST.

City BOSTON State MA Zip Code 02114

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.11991

Amount of Each Disbursement this Period: 4500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5887.79

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. DBP CONSULTING LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2017	
Mailing Address 85 MERRIMAC ST.		FEC Identification Number C [] Transaction ID : SB21B.11997 Amount of Each Disbursement this Period [] 3200.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. DBP CONSULTING LLC		Date of Disbursement MM / DD / YYYY 09 / 11 / 2017	
Mailing Address 85 MERRIMAC ST.		FEC Identification Number C [] Transaction ID : SB21B.11998 Amount of Each Disbursement this Period [] 7500.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. DBP CONSULTING LLC		Date of Disbursement MM / DD / YYYY 09 / 25 / 2017	
Mailing Address 85 MERRIMAC ST.		FEC Identification Number C [] Transaction ID : SB21B.12001 Amount of Each Disbursement this Period [] 13500.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 24200.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. DEL FRISCO'S STEAKHOUSE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 250 NORTHERN AVE

M M M	/	D D D	/	Y Y Y Y Y
08		04		2017

City
BOSTON

State
MA

Zip Code
02210

FEC Identification Number

Purpose of Disbursement
MEETING EXPENSE: MEALS

C

Candidate Name

Category/
Type

Transaction ID : SB21B.12024

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

154.66

State: District:

Memo Item

B. DROPBOX, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 185 BERRY ST
400

M M M	/	D D D	/	Y Y Y Y Y
07		26		2017

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC Identification Number

Purpose of Disbursement
FILE STORAGE

C

Candidate Name

Category/
Type

Transaction ID : SB21B.11987

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

195.00

State: District:

Memo Item

C. DROPBOX, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 185 BERRY ST
400

M M M	/	D D D	/	Y Y Y Y Y
08		28		2017

City
SAN FRANCISCO

State
CA

Zip Code
94107

FEC Identification Number

Purpose of Disbursement
FILE STORAGE

C

Candidate Name

Category/
Type

Transaction ID : SB21B.11988

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

195.00

State: District:

Memo Item

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

544.66

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DROPBOX, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	7

Mailing Address 185 BERRY ST
400

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
FILE STORAGE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.11989
Amount of Each Disbursement this Period

[REDACTED] 195.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. DUNKIN DONUTS

Date of Disbursement

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

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
MEETING EXPENSE: MEALS

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12012
Amount of Each Disbursement this Period

[REDACTED] 80.75

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. DUNKIN DONUTS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	7

Mailing Address 301 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
MEETING EXPENSE: MEALS

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12046
Amount of Each Disbursement this Period

[REDACTED] 63.63

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

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

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

[REDACTED] 339.38

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 03 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12139
Amount of Each Disbursement this Period

200.86

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12140
Amount of Each Disbursement this Period

16.64

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12141
Amount of Each Disbursement this Period

16.60

Memo Item

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

234.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12142
Amount of Each Disbursement this Period

12.68

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12143
Amount of Each Disbursement this Period

12.71

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 28 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12144
Amount of Each Disbursement this Period

12.77

Memo Item

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

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

38.16

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12145
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12146
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12147
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12148
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12149
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12150
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12151
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12152
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12153
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12154
Amount of Each Disbursement this Period
12.90

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12156
Amount of Each Disbursement this Period
12.90

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12157
Amount of Each Disbursement this Period
304.46

Memo Item

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

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

330.26

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12158
Amount of Each Disbursement this Period
252.90

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12159
Amount of Each Disbursement this Period
31.13

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B.1216t
Amount of Each Disbursement this Period
183.05

Memo Item

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

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

467.08

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12161
Amount of Each Disbursement this Period

229.56

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12162
Amount of Each Disbursement this Period

13.24

Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12163
Amount of Each Disbursement this Period

43.75

Memo Item

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

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

286.55

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. FLANK WALTHAM		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017
Mailing Address 74 TOWER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12155 Amount of Each Disbursement this Period 250.00
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FLANK WALTHAM		Date of Disbursement MM / DD / YYYY 09 / 07 / 2017
Mailing Address 74 TOWER ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11986 Amount of Each Disbursement this Period 2220.44
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FOGO DE CHAO		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 14881 QUORUM DRIVE UNIT 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12047 Amount of Each Disbursement this Period 213.18
City DALLAS	State TX	Zip Code 75254
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

2683.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12093
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12095
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12102
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. FOUR SEASONS		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [] Transaction ID : SB21B.12106 Amount of Each Disbursement this Period [] 171.78
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FOUR SEASONS		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [] Transaction ID : SB21B.12112 Amount of Each Disbursement this Period [] 55.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FOUR SEASONS		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 200 BOYLSTON STREET		FEC Identification Number C [] Transaction ID : SB21B.12113 Amount of Each Disbursement this Period [] 117.37
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 344.15
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12124
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12127
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12128
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12129
Amount of Each Disbursement this Period
138.69

Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12133
Amount of Each Disbursement this Period
90.37

Memo Item

Full Name (Last, First, Middle Initial)

C. GARAGE AT 100 CLARENDON

Mailing Address 100 CLARENDON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12092
Amount of Each Disbursement this Period
36.00

Memo Item

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

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

265.06

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12097
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Amount of Each Disbursement this Period [REDACTED] 36.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12101
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Amount of Each Disbursement this Period [REDACTED] 34.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12117
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Amount of Each Disbursement this Period [REDACTED] 34.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 104.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 09 / 11 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.12125 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.12126 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.12131 Amount of Each Disbursement this Period [] 70.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 138.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.12132 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 09 / 25 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.12134 Amount of Each Disbursement this Period [] 70.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.12138 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 138.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. GRILL 23 & BAR

Mailing Address 161 BERKELEY STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12023
Amount of Each Disbursement this Period
154.12

Memo Item

Full Name (Last, First, Middle Initial)

B. GRILL 23 & BAR

Mailing Address 161 BERKELEY STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12035
Amount of Each Disbursement this Period
771.47

Memo Item

Full Name (Last, First, Middle Initial)

C. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12187
Amount of Each Disbursement this Period
87.27

Memo Item

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

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

1012.86

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HAHN AIR USA INC.

Mailing Address 333 S 7TH STREET
#2270

City MINNEAPOLIS State MN Zip Code 55402

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12171
Amount of Each Disbursement this Period
338.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12169
Amount of Each Disbursement this Period
15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.1210c
Amount of Each Disbursement this Period
40.00

Memo Item

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

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

393.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12109
Amount of Each Disbursement this Period

22.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12111
Amount of Each Disbursement this Period

22.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12114
Amount of Each Disbursement this Period

50.00

Memo Item

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

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

94.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. LAZ PARKING, INC.		Date of Disbursement MM / DD / YYYY 08 / 22 / 2017	
Mailing Address 15 LEWIS STREET		FEC Identification Number C [] Transaction ID : SB21B.12118 Amount of Each Disbursement this Period [] 22.00	
City HARTFORD	State CT	Zip Code 06103	Category/ Type []
Purpose of Disbursement PARKING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: []	District: []		

Full Name (Last, First, Middle Initial) B. LAZ PARKING, INC.		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017	
Mailing Address 15 LEWIS STREET		FEC Identification Number C [] Transaction ID : SB21B.12131 Amount of Each Disbursement this Period [] 25.00	
City HARTFORD	State CT	Zip Code 06103	Category/ Type []
Purpose of Disbursement PARKING SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: []	District: []		

Full Name (Last, First, Middle Initial) C. LEGAL HARBORSIDE		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017	
Mailing Address 270 NORTHERN AVENUE		FEC Identification Number C [] Transaction ID : SB21B.12041 Amount of Each Disbursement this Period [] 296.69	
City BOSTON	State MA	Zip Code 02210	Category/ Type []
Purpose of Disbursement MEETING EXPENSE: MEALS		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: []	District: []		

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

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

[] 343.69
[]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. LEGAL SEA FOODS

Mailing Address 75 MIDDLESEX TURNPIKE

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 07 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12025

Amount of Each Disbursement this Period: 52.75

Memo Item

Full Name (Last, First, Middle Initial)
B. MASSACHUSETTS PORT AUTHORITY

Mailing Address LOGAN AIRPORT TERMINAL A

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12108

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MASSACHUSETTS PORT AUTHORITY

Mailing Address LOGAN AIRPORT TERMINAL A

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12122

Amount of Each Disbursement this Period: 38.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 115.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS PORT AUTHORITY

Mailing Address **LOGAN AIRPORT
TERMINAL A**

City **EAST BOSTON** State **MA** Zip Code **02128**

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12136
Amount of Each Disbursement this Period
 53.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MASSIMINO'S CUCINA ITALIANA

Mailing Address **207 ENDICOTT STREET**

City **BOSTON** State **MA** Zip Code **02113**

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11966
Amount of Each Disbursement this Period
 1255.30

Memo Item

Full Name (Last, First, Middle Initial)

C. MOOO

Mailing Address **15 BEACON ST**

City **BOSTON** State **MA** Zip Code **02180**

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12036
Amount of Each Disbursement this Period
 87.76

Memo Item

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

1396.06

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MOOO

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12045
Amount of Each Disbursement this Period

86.76

Memo Item

Full Name (Last, First, Middle Initial)

B. NAUSET DISPOSAL

Mailing Address 3 RAYBER ROAD

City ORLEANS State MA Zip Code 02653

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
07 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12315
Amount of Each Disbursement this Period

947.50

Memo Item

Full Name (Last, First, Middle Initial)

C. ONWARD CONSULTING

Mailing Address ONWARD CONSULTING
44 HIGH STREET

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2017

FEC Identification Number

C

Transaction ID : SB21B.11993
Amount of Each Disbursement this Period

4975.00

Memo Item

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

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

6009.26

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. POST 390

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12040
Amount of Each Disbursement this Period
61.36

Memo Item

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11955
Amount of Each Disbursement this Period
3024.85

Memo Item

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11956
Amount of Each Disbursement this Period
34.20

Memo Item

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

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

3120.41

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS			Date of Disbursement MM / DD / YYYY 08 / 22 / 2017	
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C [] Transaction ID : SB21B.11957	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period [] 6045.98	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement MM / DD / YYYY 09 / 13 / 2017	
Mailing Address 138 CONANT STREET 2ND FLOOR			FEC Identification Number C [] Transaction ID : SB21B.11958	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period [] 13.60	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. ROSA MEXICANO			Date of Disbursement MM / DD / YYYY 08 / 07 / 2017	
Mailing Address 155 SEAPORT BLVD.			FEC Identification Number C [] Transaction ID : SB21B.1202t	
City BOSTON	State MA	Zip Code 02210	Amount of Each Disbursement this Period [] 500.00	
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []	Memo Item <input type="checkbox"/>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6559.58
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. ROSA MEXICANO		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 155 SEAPORT BLVD.		FEC Identification Number C [] Transaction ID : SB21B.11981 Amount of Each Disbursement this Period [] 500.00	
City BOSTON	State MA	Zip Code 02210	Category/ Type []
Purpose of Disbursement FACILITY RENTAL/CATERING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) B. ROSA MEXICANO		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 155 SEAPORT BLVD.		FEC Identification Number C [] Transaction ID : SB21B.11982 Amount of Each Disbursement this Period [] 500.00	
City BOSTON	State MA	Zip Code 02210	Category/ Type []
Purpose of Disbursement FACILITY RENTAL/CATERING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) C. ROSA MEXICANO		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017	
Mailing Address 155 SEAPORT BLVD.		FEC Identification Number C [] Transaction ID : SB21B.12025 Amount of Each Disbursement this Period [] 384.90	
City BOSTON	State MA	Zip Code 02210	Category/ Type []
Purpose of Disbursement MEETING EXPENSE: MEALS		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: []	District: []		

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

1384.90

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROSEWATER MARKET & TAKE AWAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2017

Mailing Address 20 S SUMMER ST

FEC Identification Number

C []
Transaction ID : SB21B.12015
 Amount of Each Disbursement this Period
 [] 1700.00

City EDGARTOWN State MA Zip Code 02539

Purpose of Disbursement
MEETING EXPENSE: MEALS

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. RUTH'S CHRIS STEAK HOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2017

Mailing Address 45 SCHOOL STREET
OLD CITY HALL

FEC Identification Number

C []
Transaction ID : SB21B.12027
 Amount of Each Disbursement this Period
 [] 149.12

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
MEETING EXPENSE: MEALS

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. RUTH'S CHRIS STEAK HOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2017

Mailing Address 45 SCHOOL STREET
OLD CITY HALL

FEC Identification Number

C []
Transaction ID : SB21B.12035
 Amount of Each Disbursement this Period
 [] 312.15

City BOSTON State MA Zip Code 02108

Purpose of Disbursement
MEETING EXPENSE: MEALS

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

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

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

[] 2161.27
 []

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. RUTH'S CHRIS STEAK HOUSE		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address 45 SCHOOL STREET OLD CITY HALL		FEC Identification Number C [] Transaction ID : SB21B.12048 Amount of Each Disbursement this Period [] 117.37
City BOSTON	State MA	Zip Code 02108
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SEA CREST BEACH HOTEL		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 350 QUAKER ROAD		FEC Identification Number C [] Transaction ID : SB21B.11970 Amount of Each Disbursement this Period [] 1081.62
City NORTH FALMOUTH	State MA	Zip Code 02556
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SEA CREST BEACH HOTEL		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 350 QUAKER ROAD		FEC Identification Number C [] Transaction ID : SB21B.12298 Amount of Each Disbursement this Period [] 481.82
City NORTH FALMOUTH	State MA	Zip Code 02556
Purpose of Disbursement TRAVEL: LODGING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[] 1680.81
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SEA CREST BEACH HOTEL

Mailing Address 350 QUAKER ROAD

City NORTH FALMOUTH State MA Zip Code 02556

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12299
Amount of Each Disbursement this Period
481.82

Memo Item

Full Name (Last, First, Middle Initial)

B. SEA CREST BEACH HOTEL

Mailing Address 350 QUAKER ROAD

City NORTH FALMOUTH State MA Zip Code 02556

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12300
Amount of Each Disbursement this Period
446.93

Memo Item

Full Name (Last, First, Middle Initial)

C. SEA CREST BEACH HOTEL

Mailing Address 350 QUAKER ROAD

City NORTH FALMOUTH State MA Zip Code 02556

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 24 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12301
Amount of Each Disbursement this Period
446.93

Memo Item

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

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

1375.68

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SEA CREST BEACH HOTEL

Mailing Address 350 QUAKER ROAD

City NORTH FALMOUTH State MA Zip Code 02556

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12302
Amount of Each Disbursement this Period
929.16

Memo Item

Full Name (Last, First, Middle Initial)

B. SEA CREST BEACH HOTEL

Mailing Address 350 QUAKER ROAD

City NORTH FALMOUTH State MA Zip Code 02556

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12303
Amount of Each Disbursement this Period
929.16

Memo Item

Full Name (Last, First, Middle Initial)

C. SEA CREST BEACH HOTEL

Mailing Address 350 QUAKER ROAD

City NORTH FALMOUTH State MA Zip Code 02556

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11977
Amount of Each Disbursement this Period
447.34

Memo Item

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

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

2305.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. SEA CREST BEACH HOTEL		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address 350 QUAKER ROAD		FEC Identification Number C [] Transaction ID : SB21B.11978 Amount of Each Disbursement this Period [] 448.97
City NORTH FALMOUTH	State MA	Zip Code 02556
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SEA CREST BEACH HOTEL		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address 350 QUAKER ROAD		FEC Identification Number C [] Transaction ID : SB21B.11979 Amount of Each Disbursement this Period [] 929.16
City NORTH FALMOUTH	State MA	Zip Code 02556
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SEA CREST BEACH HOTEL		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address 350 QUAKER ROAD		FEC Identification Number C [] Transaction ID : SB21B.12021 Amount of Each Disbursement this Period [] 38.18
City NORTH FALMOUTH	State MA	Zip Code 02556
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 1416.31

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. SEA CREST BEACH HOTEL		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017
Mailing Address 350 QUAKER ROAD		FEC Identification Number C [] Transaction ID : SB21B.12022 Amount of Each Disbursement this Period [] 86.91
City NORTH FALMOUTH	State MA	Zip Code 02556
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SEAFOOD SAM'S		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address 6 COAST GUARD ROAD		FEC Identification Number C [] Transaction ID : SB21B.12042 Amount of Each Disbursement this Period [] 140.91
City SANDWICH	State MA	Zip Code 02563
Purpose of Disbursement MEETING EXPENSE: MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SHELL		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address P.O. BOX 2463		FEC Identification Number C [] Transaction ID : SB21B.12201 Amount of Each Disbursement this Period [] 46.82
City HOUSTON	State TX	Zip Code 77252
Purpose of Disbursement TRAVEL: FUEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 274.64
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12186
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12191
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12193
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12198
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SHELL OIL

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.12200
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SIP WINE EDUCATION, LLC

Mailing Address 17 ELMWOOD RD

City SWAMPSCOTT State MA Zip Code 01907

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.1197z
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. SIP WINE EDUCATION, LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017	
Mailing Address 17 ELMWOOD RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.11973 Amount of Each Disbursement this Period 1100.00	
City SWAMPSCOTT	State MA	Zip Code 01907	Category/ Type
Purpose of Disbursement FACILITY RENTAL/CATERING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. SPEEDWAY		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017	
Mailing Address 874 DORCHESTER AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12192 Amount of Each Disbursement this Period 34.78	
City BOSTON	State MA	Zip Code 02125	Category/ Type
Purpose of Disbursement TRAVEL: FUEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. SPEEDWAY		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 874 DORCHESTER AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12196 Amount of Each Disbursement this Period 47.61	
City BOSTON	State MA	Zip Code 02125	Category/ Type
Purpose of Disbursement TRAVEL: FUEL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	1182.39
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12072
Amount of Each Disbursement this Period

[REDACTED] 452.51

Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 10 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12073
Amount of Each Disbursement this Period

[REDACTED] 436.45

Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 12 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.12074
Amount of Each Disbursement this Period

[REDACTED] 426.49

Memo Item

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

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

[REDACTED] 1315.45

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12076
Amount of Each Disbursement this Period
355.03

Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12082
Amount of Each Disbursement this Period
451.67

Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12085
Amount of Each Disbursement this Period
27.60

Memo Item

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

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

834.30

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12086
Amount of Each Disbursement this Period
228.19

Memo Item

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12088
Amount of Each Disbursement this Period
497.22

Memo Item

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.1209c
Amount of Each Disbursement this Period
474.65

Memo Item

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

1200.06

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12091
Amount of Each Disbursement this Period
653.66

Memo Item

Full Name (Last, First, Middle Initial)

B. STATE ROOM, INC

Mailing Address 60 STATE STREET
33RD FLOOR

City BOSTON State MA Zip Code 02109

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12018
Amount of Each Disbursement this Period
28.00

Memo Item

Full Name (Last, First, Middle Initial)

C. SUSHI SEAN 11:11

Mailing Address 144R PLEASANT ST

City NANTUCKET State MA Zip Code 02554

Purpose of Disbursement FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.11966
Amount of Each Disbursement this Period
5430.00

Memo Item

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

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

6111.66

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)
A. THE BOSTON SAIL LOFT

Date of Disbursement

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

Mailing Address 80 ATLANTIC AVENUE

FEC Identification Number

C []

Transaction ID : SB21B.12008

Amount of Each Disbursement this Period

[] 291.22

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MEETING EXPENSE: MEALS

Category/Type

[]

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)
B. THE CAPE CLUB

Date of Disbursement

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

Mailing Address 125 FALMOUTH WOODS RD

FEC Identification Number

C []

Transaction ID : SB21B.11975

Amount of Each Disbursement this Period

[] 499.63

City EAST FALMOUTH State MA Zip Code 02536

Purpose of Disbursement
FACILITY RENTAL/CATERING

Category/Type

[]

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)
C. THE CAPE CLUB

Date of Disbursement

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

Mailing Address 125 FALMOUTH WOODS RD

FEC Identification Number

C []

Transaction ID : SB21B.12021

Amount of Each Disbursement this Period

[] 195.50

City EAST FALMOUTH State MA Zip Code 02536

Purpose of Disbursement
MEETING EXPENSE: MEALS

Category/Type

[]

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

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

[] 986.35

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE CAPITAL GRILLE

Mailing Address JOHN B. HYNES VETERANS MEMORIAL CO
900 BOYLSTON ST

City BOSTON State MA Zip Code 02115

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12010
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE FAIRMONT COPLEY PLAZA

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 17 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12297
Amount of Each Disbursement this Period
125.86

Memo Item

Full Name (Last, First, Middle Initial)

C. THE FAIRMONT COPLEY PLAZA

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12304
Amount of Each Disbursement this Period
16.00

Memo Item

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

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

1641.86

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE FAIRMONT COPLEY PLAZA

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12305
Amount of Each Disbursement this Period
98.25

Memo Item

Full Name (Last, First, Middle Initial)

B. THE FAIRMONT COPLEY PLAZA

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12306
Amount of Each Disbursement this Period
134.35

Memo Item

Full Name (Last, First, Middle Initial)

C. THE FAIRMONT COPLEY PLAZA

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12307
Amount of Each Disbursement this Period
106.67

Memo Item

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

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

339.27

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. THE FAIRMONT COPLEY PLAZA

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12308
Amount of Each Disbursement this Period
52.80

Memo Item

B. THE FAIRMONT COPLEY PLAZA

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12309
Amount of Each Disbursement this Period
57.08

Memo Item

C. THE FAIRMONT COPLEY PLAZA

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB21B.12311
Amount of Each Disbursement this Period
56.01

Memo Item

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

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

165.89

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. THE FAIRMONT COPLEY PLAZA		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 138 JAMES ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12311 Amount of Each Disbursement this Period [REDACTED] 45.45
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE FAIRMONT COPLEY PLAZA		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 138 JAMES ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12312 Amount of Each Disbursement this Period [REDACTED] 149.84
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. THE HYATT REGENCY CAMBRIDGE		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address ATTN: ROBERT GOEHRING, SENIOR EVEN 575 MEMORIAL DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12314 Amount of Each Disbursement this Period [REDACTED] 3415.74
City CAMBRIDGE	State MA	Zip Code 02139
Purpose of Disbursement TRAVEL: LODGING		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

3611.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE LANGHAM

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12296

Amount of Each Disbursement this Period

66.71

Memo Item

Full Name (Last, First, Middle Initial)

B. THE LENOX

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2017

FEC Identification Number

C

Transaction ID : SB21B.12034

Amount of Each Disbursement this Period

114.16

Memo Item

Full Name (Last, First, Middle Initial)

C. THE RIDGE CLUB

Mailing Address 70 COUNTRY CLUB ROAD
ATTN: KRISTIE GRAUL

City SANDWICH State MA Zip Code 02563

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2017

FEC Identification Number

C

Transaction ID : SB21B.11964

Amount of Each Disbursement this Period

414.88

Memo Item

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

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

595.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE RIDGE CLUB

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2017

Mailing Address 70 COUNTRY CLUB ROAD
ATTN: KRISTIE GRAUL

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21B.11976**
Amount of Each Disbursement this Period

[REDACTED] 473.50

Memo Item

City SANDWICH State MA Zip Code 02563

Purpose of Disbursement
FACILITY RENTAL/CATERING

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. THE RIDGE CLUB

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		14		2017

Mailing Address 70 COUNTRY CLUB ROAD
ATTN: KRISTIE GRAUL

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21B.12032**
Amount of Each Disbursement this Period

[REDACTED] 315.00

Memo Item

City SANDWICH State MA Zip Code 02563

Purpose of Disbursement
MEETING EXPENSE: MEALS

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. THE RIVERWAY LOBSTER HOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2017

Mailing Address 1338 ROUTE 28

FEC Identification Number

C [REDACTED]

Transaction ID : **SB21B.11984**
Amount of Each Disbursement this Period

[REDACTED] 8889.04

Memo Item

City SOUTH YARMOUTH State MA Zip Code 02664

Purpose of Disbursement
FACILITY RENTAL/CATERING

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

[REDACTED] 9677.54

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12202 Amount of Each Disbursement this Period 13.01
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12203 Amount of Each Disbursement this Period 15.85
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12204 Amount of Each Disbursement this Period 32.65
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

61.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12206 Amount of Each Disbursement this Period 10.94
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12209 Amount of Each Disbursement this Period 9.36
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12211 Amount of Each Disbursement this Period 16.71
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	37.01
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12212 Amount of Each Disbursement this Period [] 7.87	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12213 Amount of Each Disbursement this Period [] 15.00	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 19 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12214 Amount of Each Disbursement this Period [] 22.86	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 45.73
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12216 Amount of Each Disbursement this Period [REDACTED] 1.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12217 Amount of Each Disbursement this Period [REDACTED] 23.94
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12218 Amount of Each Disbursement this Period [REDACTED] 40.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

64.94

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 20 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12219 Amount of Each Disbursement this Period [REDACTED] 43.88
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12221 Amount of Each Disbursement this Period [REDACTED] 1.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12222 Amount of Each Disbursement this Period [REDACTED] 27.62
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

72.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12224 Amount of Each Disbursement this Period [REDACTED] 14.44
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12225 Amount of Each Disbursement this Period [REDACTED] 14.59
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12226 Amount of Each Disbursement this Period [REDACTED] 26.53
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	[REDACTED] 55.56
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12227 Amount of Each Disbursement this Period [] 10.08
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12228 Amount of Each Disbursement this Period [] 10.35
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12228 Amount of Each Disbursement this Period [] 11.48
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 31.91

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 25 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12230 Amount of Each Disbursement this Period [REDACTED] 15.74
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12231 Amount of Each Disbursement this Period [REDACTED] 7.20
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 27 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12233 Amount of Each Disbursement this Period [REDACTED] 7.10
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 30.04
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12235 Amount of Each Disbursement this Period [REDACTED] 33.46
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12236 Amount of Each Disbursement this Period [REDACTED] 37.34
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12238 Amount of Each Disbursement this Period [REDACTED] 10.30
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 81.10

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

[REDACTED]

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. UBER TECHNOLOGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12239

Amount of Each Disbursement this Period: 7.14

Memo Item

B. UBER TECHNOLOGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12241

Amount of Each Disbursement this Period: 7.69

Memo Item

C. UBER TECHNOLOGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.12242

Amount of Each Disbursement this Period: 8.98

Memo Item

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

23.81

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12243 Amount of Each Disbursement this Period [] 9.69
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12244 Amount of Each Disbursement this Period [] 10.04
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12245 Amount of Each Disbursement this Period [] 23.29
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 43.02
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12246 Amount of Each Disbursement this Period [REDACTED] 25.03
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12247 Amount of Each Disbursement this Period [REDACTED] 26.64
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12248 Amount of Each Disbursement this Period [REDACTED] 8.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 59.67

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

[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12249 Amount of Each Disbursement this Period [REDACTED] 8.64
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12250 Amount of Each Disbursement this Period [REDACTED] 10.45
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12251 Amount of Each Disbursement this Period [REDACTED] 11.46
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 30.55
[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12252 Amount of Each Disbursement this Period [] 20.70
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12253 Amount of Each Disbursement this Period [] 8.06
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12254 Amount of Each Disbursement this Period [] 15.82
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

44.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 16 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12255 Amount of Each Disbursement this Period [] 45.72
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 22 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12257 Amount of Each Disbursement this Period [] 8.37
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12255 Amount of Each Disbursement this Period [] 7.33
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 61.42

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 23 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12260 Amount of Each Disbursement this Period [] 11.51
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12262 Amount of Each Disbursement this Period [] 8.78
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12263 Amount of Each Disbursement this Period [] 9.03
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 29.32
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12264 Amount of Each Disbursement this Period 22.65
City BOSTON	State MA	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12266 Amount of Each Disbursement this Period 42.21
City BOSTON	State MA	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 08 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12267 Amount of Each Disbursement this Period 83.73
City BOSTON	State MA	
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

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

148.59

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12268 Amount of Each Disbursement this Period [] 5.00
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12269 Amount of Each Disbursement this Period [] 13.44
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 13 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12271 Amount of Each Disbursement this Period [] 26.19
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

44.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12271 Amount of Each Disbursement this Period [] 10.12
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12273 Amount of Each Disbursement this Period [] 8.69
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12274 Amount of Each Disbursement this Period [] 29.71
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

48.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12275 Amount of Each Disbursement this Period [REDACTED] 31.02
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12276 Amount of Each Disbursement this Period [REDACTED] 37.75
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12277 Amount of Each Disbursement this Period [REDACTED] 8.79
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 77.56
[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12278 Amount of Each Disbursement this Period [REDACTED] 10.54
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12279 Amount of Each Disbursement this Period [REDACTED] 91.97
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.1228c Amount of Each Disbursement this Period [REDACTED] 7.60
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

[REDACTED] 110.11
[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12281 Amount of Each Disbursement this Period [REDACTED] 7.60	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12282 Amount of Each Disbursement this Period [REDACTED] 8.98	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12283 Amount of Each Disbursement this Period [REDACTED] 9.52	
City BOSTON	State MA	Zip Code 02114	Category/ Type [REDACTED]
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 26.10
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12284 Amount of Each Disbursement this Period [] 21.91	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12285 Amount of Each Disbursement this Period [] 24.38	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 21 / 2017	
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [] Transaction ID : SB21B.12286 Amount of Each Disbursement this Period [] 13.99	
City BOSTON	State MA	Zip Code 02114	Category/ Type []
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

60.28

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 22 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12287
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period [REDACTED] 21.61
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 22 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12288
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period [REDACTED] 25.45
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 22 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.12288
City BOSTON	State MA	Zip Code 02114
Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period [REDACTED] 27.76
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

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

74.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 25 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12291 Amount of Each Disbursement this Period 7.00
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 26 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12292 Amount of Each Disbursement this Period 8.24
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 239 CAUSEWAY STREET		FEC Identification Number C Transaction ID : SB21B.12294 Amount of Each Disbursement this Period 8.22
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

23.46

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. UBER TECHNOLOGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number: C []
Transaction ID : SB21B.12295
Amount of Each Disbursement this Period: [] 8.65

Memo Item

B. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 08 / 2017

FEC Identification Number: C []
Transaction ID : SB21B.12070
Amount of Each Disbursement this Period: [] 373.77

Memo Item

C. VERIZON WIRELESS

Full Name (Last, First, Middle Initial)

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 25 / 2017

FEC Identification Number: C []
Transaction ID : SB21B.12071
Amount of Each Disbursement this Period: [] 58.75

Memo Item

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

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

[] 441.17

[] 133911.49

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2017

FEC Identification Number

C

Transaction ID : SB22.12164
Amount of Each Disbursement this Period

103308.19

Memo Item

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2017

FEC Identification Number

C

Transaction ID : SB22.12166
Amount of Each Disbursement this Period

49570.14

Memo Item

Full Name (Last, First, Middle Initial)

C. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2017

FEC Identification Number

C

Transaction ID : SB22.12167
Amount of Each Disbursement this Period

27749.20

Memo Item

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

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

180627.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Mailing Address 310 FIRST STREET, SE

FEC Identification Number

C []

Transaction ID : SB22.12165

Amount of Each Disbursement this Period

[] 182347.50

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

City State Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

City State Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Memo Item

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

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

182347.50
362975.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. WESTHAVER, ADAM, B, ,		Date of Disbursement MM / DD / YYYY 08 / 01 / 2017	
Mailing Address 470 LAUNCH CIRCLE UNIT 405		FEC Identification Number C [] Transaction ID : SB28A.12325 Amount of Each Disbursement this Period 15000.00	
City NAPLES	State FL	Zip Code 34108	Category/ Type []
Purpose of Disbursement CONTRIBUTION REFUND		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	15000.00