

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MASSACHUSETTS REPUBLICAN PARTY

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="80037.50"/>	<input type="text" value="80037.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="64185.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="341926.72"/>	<input type="text" value="1989053.39"/>
(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="406112.41"/>	<input type="text" value="2069090.89"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="283800.44"/>	<input type="text" value="1946778.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122311.97"/>	<input type="text" value="122311.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MASSACHUSETTS REPUBLICAN PARTY

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	198085.00	969250.00
(ii) Unitemized	1240.00	230302.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	199325.00	1199552.00
(b) Political Party Committees	0.00	337650.00
(c) Other Political Committees (such as PACs).....	5000.00	11399.48
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	204325.00	1548601.48
12. Transfers From Affiliated/Other Party Committees.....	137601.72	433148.45
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	7303.46
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))..... ▶	341926.72	1989053.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	341926.72	1989053.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	207598.44	1190739.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	207598.44	1190739.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	209697.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	209697.00
29. Other Disbursements	0.00	50.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	76202.00	546292.85
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	76202.00	546292.85
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	283800.44	1946778.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	283800.44	1946778.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	204325.00	1548601.48
34. Total Contribution Refunds (from Line 28(d))	0.00	209697.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	204325.00	1338904.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	207598.44	1190739.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7303.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	207598.44	1183435.61

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This report is amended to clarify receipts and disbursements. Cash on hand is adjusted accordingly.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MR. DAVID BARLOW
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 LEWIS WHARF
 City BOSTON State MA Zip Code 02110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PERSONAL INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 11000.00

Date of Receipt 09 / 29 / 2014
Transaction ID : SA11AI.18271
 Amount of Each Receipt this Period 1000.00

B. RICHARD BLAZO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 BROOKHEAD AVE
 City BEVERLY State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GERALD T MCCARTHY INSURANCE Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2014
Transaction ID : SA11AI.18234
 Amount of Each Receipt this Period 250.00

C. BRIAN THOMAS CARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 BERKELEY STREET
 City BOSTON State MA Zip Code 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEWARD HEALTH CARE Occupation CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 24 / 2014
Transaction ID : SA11AI.18263
 Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 6 ALMONDWOOD CIR

City SHREWSBURY State MA Zip Code 01545

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

Name of Employer COGHLIN COMPANIES INC Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.18266

Amount of Each Receipt this Period
5000.00

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

Mailing Address P.O. BOX 326

City NORWELL State MA Zip Code 02061

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

Name of Employer HAEMONETICS CORPORATION Occupation GENERAL MANAGEMENT

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
09 / 30 / 2014

Transaction ID : SA11AI.18289

Amount of Each Receipt this Period
2500.00

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

Mailing Address 39 ANNAPOLIS WAY

City NEWBURY State MA Zip Code 01951

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

Name of Employer SELF Occupation CONSULTANT CONSTRUCTION

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
09 / 26 / 2014

Transaction ID : SA11AI.18270

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10000.00

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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. TODD COZZENS		Date of Receipt
Mailing Address 155 CHESTNUT ST		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
WESTON	MA	02493
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18227
Name of Employer	Occupation	Amount of Each Receipt this Period
SEQUOIA CAPITAL	INVESTOR	<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

Full Name (Last, First, Middle Initial) B. PHILIP CRAWFORD		Date of Receipt
Mailing Address 16 DURHAM DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
LYNNFIELD	MA	01940
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18280
Name of Employer	Occupation	Amount of Each Receipt this Period
A.A. DORITY COMPANY, INC.	INSURANCE BROKER	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. GEORGE DEFALCO		Date of Receipt
Mailing Address 2 WHISPERING PINE DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
WESTBOROUGH	MA	01581
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18286
Name of Employer	Occupation	Amount of Each Receipt this Period
STERLING CONCRETE CORP.	PRESIDENT	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="11500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. GEORGE DEFALCO

Mailing Address 2 WHISPERING PINE DRIVE

City State Zip Code
WESTBOROUGH MA 01581

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

Name of Employer Occupation
STERLING CONCRETE CORP. PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.18287

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. MR. BRACKETT DENNISTON

Mailing Address 1081 HILLSIDE RD

City State Zip Code
FAIRFIELD CT 06824

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

Name of Employer Occupation
GENERAL ELECTRIC CO. ATTORNEY

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 / 2014
Transaction ID : SA11AI.18272

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. MR. THOMAS J. DESIMONE

Mailing Address P.O. BOX 406

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
WS DEVELOPMENT ASSOCIATION REAL ESTATE DEVELOPER

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 / 16 / 2014
Transaction ID : SA11AI.18243

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. CHRISTINE A. DHIONIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 FLINT STREET
 City MARBLEHEAD State MA Zip Code 01945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : SA11AI.18232
 Amount of Each Receipt this Period
 5000.00

B. GEORGE P. DHIONIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 FLINT STREET
 City MARBLEHEAD State MA Zip Code 01945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ESPED Occupation CEO
 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 / 12 / 2014
Transaction ID : SA11AI.18233
 Amount of Each Receipt this Period
 5000.00

C. DUANE R DOWNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 590370
 City NEWTON CENTRE State MA Zip Code 02459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOSTON MEDICAL CENTER Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.18283
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00
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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. WILLIAM N. DUPONT		Date of Receipt
Mailing Address 160 WEST MAIN STREET		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
DUDLEY	MA	01571
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18222
Name of Employer	Occupation	Amount of Each Receipt this Period
INFORMATION REQUESTED	INFORMATION REQUESTED	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR. JOHN ESLER		Date of Receipt
Mailing Address 10 POINT WAY		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
SUTTON	MA	01590
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18265
Name of Employer	Occupation	Amount of Each Receipt this Period
RENEWAL BY ANDERSEN	OWNER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SANDRA A. FORZIATI		Date of Receipt
Mailing Address 14 SUMMIT ROAD		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
MARBLEHEAD	MA	01945
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18224
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF	INVESTOR	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 102
	(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 REPUBLICAN PARTY

A. ERIC B GERVAIS
Full Name (Last, First, Middle Initial)

Mailing Address 231 STOREY AVE

City NEWBURYPORT State MA Zip Code 01950

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

Name of Employer KAVANAGH ADVISORY GROUP Occupation VP

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 / 15 / 2014

Transaction ID : SA11AI.18236

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3 CROWN WAY

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer STEWARD HEALTH CARE Occupation PRESIDENT

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 / 24 / 2014

Transaction ID : SA11AI.18262

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 169 COMMONWEALTH AVE.

City BOSTON State MA Zip Code 02116

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

Name of Employer CORIANDER INC. Occupation REAL ESTATE 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 / 15 / 2014

Transaction ID : SA11AI.18237

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MR. ARTHUR GUTIERREZ
Full Name (Last, First, Middle Initial)

Mailing Address 8 CLARIDGE DR

City WESTON State MA Zip Code 02493

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

Name of Employer THE GUTIERREZ COMPANY Occupation DEVELOPER

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 / 30 / 2014

Transaction ID : SA11AI.18292

Amount of Each Receipt this Period
 10000.00

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

Mailing Address 36 RIDGE HILL FARM ROAD

City WELLESLEY State MA Zip Code 02482

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

Name of Employer HABERTRILIX ADVISERS., LP Occupation INVESTMENT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5085.00

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

Transaction ID : SA11AI.18293

Amount of Each Receipt this Period
 85.00

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

Mailing Address 4 HAMMOND WAY

City ANDOVER State MA Zip Code 01810

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

Name of Employer AVISON YOUNG Occupation REAL ESTATE BROKER

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 / 30 / 2014

Transaction ID : SA11AI.18284

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	10585.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. AIMEE JEFFERS LOCKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 CONTOUR DRIVE
 City SAN ANTONIO State TX Zip Code 78212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 09 / 24 / 2014
Transaction ID : SA11AI.18257
 Amount of Each Receipt this Period: 10000.00

B. MRS. DARLENE L. JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 S LAKE TRAIL
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **SELF-EMPLOYED** Occupation: **ATTORNEY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 09 / 24 / 2014
Transaction ID : SA11AI.18261
 Amount of Each Receipt this Period: 10000.00

C. MR. GERALD R. JORDAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 S LAKE TRAIL APARTMENT 102
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: **HELLMAN JORDAN MANAGEMENT COMPAN** Occupation: **INVESTMENT MANAGER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 09 / 24 / 2014
Transaction ID : SA11AI.18260
 Amount of Each Receipt this Period: 10000.00

SUBTOTAL of Receipts This Page (optional).....▶ 30000.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 16 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JULIE KANEB
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 GREYLOCK RD
 City WELLESLEY State MA Zip Code 02481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 8 BLUE SEARCH & CONSULTING Occupation EXECUTIVE SEARCH CONSULTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014
Transaction ID : SA11AI.18231
 Amount of Each Receipt this Period
 1000.00

B. STEPHEN KASNET
 Full Name (Last, First, Middle Initial)
 Mailing Address ONE UNIVERSITY LN.
 City MANCHESTER State MA Zip Code 01944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARBOR GLOBAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014
Transaction ID : SA11AI.18273
 Amount of Each Receipt this Period
 1000.00

C. THOMAS A. KERSHAW
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 BEACON ST
 City BOSTON State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAMPSHIRE HOUSE RESTAURANT Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014
Transaction ID : SA11AI.18291
 Amount of Each Receipt this Period
 7500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9500.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 118 MAIN ST

City TOPSFIELD State MA Zip Code 01983

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

Name of Employer DUTTON FAMILY CARE ASSOCIATES LLP Occupation PHYSICIAN

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
 09 / 24 / 2014

Transaction ID : SA11AI.18256

Amount of Each Receipt this Period
 2500.00

B. MR. WILLIAM KOCH
Full Name (Last, First, Middle Initial)

Mailing Address 1601 FORUM PLACE STE 307

City PALM BEACH State FL Zip Code 33401

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

Name of Employer THE OXBOW GROUP Occupation PRESIDENT

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 / 19 / 2014

Transaction ID : SA11AI.18252

Amount of Each Receipt this Period
 10000.00

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

Mailing Address 19 DUNEDIN ROAD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer UNITED WASTE MANAGEMENT Occupation OWNER

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 / 30 / 2014

Transaction ID : SA11AI.18279

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MISS SUFENG LI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 BEACON STREET
 City MALDEN State MA Zip Code 02148
 Date of Receipt 09 / 10 / 2014
Transaction ID : SA11AI.18226
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer S STUDIO Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. JOHN BRIAN MCCARTHY
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 CROWNINSHIELD ROAD
 City MARBLEHEAD State MA Zip Code 01945
 Date of Receipt 09 / 16 / 2014
Transaction ID : SA11AI.18240
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer KELLY'S ROAST BEEF Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

C. MR. DANIEL R. MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 CANAVAN DR
 City BRAintree State MA Zip Code 02184
 Date of Receipt 09 / 09 / 2014
Transaction ID : SA11AI.18223
 Amount of Each Receipt this Period 5000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer CANTOR FITZGERALD Occupation MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7750.00
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 102
	(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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. FRANCIS MEANEY		Date of Receipt
Mailing Address 45 BITTERSWEET LN		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.18288
NORTH CHATHAM	MA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="1000.00"/>
02650		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MINTZ-LEVIN	ATTORNEY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. KENNETH J. NOVACK		Date of Receipt
Mailing Address 81 BEACON ST		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.18281
BOSTON	MA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="10000.00"/>
02108		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MINTZ LEVIN	SENIOR COUNSEL	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="10000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WILLIAM PAINE		Date of Receipt
Mailing Address 11 SANBORN ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.18282
WINCHESTER	MA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="1000.00"/>
01890		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
WILMERHALE	LAWYER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JEANNE PETRILLO
Full Name (Last, First, Middle Initial)

Mailing Address 182 HIGH STREET

City NEWBURYPORT State MA Zip Code 01950

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.18285

Amount of Each Receipt this Period
500.00

B. SAMUEL PLIMPTON
Full Name (Last, First, Middle Initial)

Mailing Address 100 BEACON

City BOSTON State MA Zip Code 02116

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

Name of Employer THE BAUPOST GROUP LLC Occupation INVESTMENT ADVISOR

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 / 02 / 2014
Transaction ID : SA11AI.18219

Amount of Each Receipt this Period
5000.00

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

Mailing Address 33 CASTLE VIEW DRIVE

City GLOUCESTER State MA Zip Code 01930

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

Name of Employer GORTON'S Occupation CEO

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 / 30 / 2014
Transaction ID : SA11AI.18274

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JUDSON REIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 CASTLE VIEW DRIVE
 City GLOUCESTER State MA Zip Code 01930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GORTON'S Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.18275
 Amount of Each Receipt this Period
 500.00

B. JUDSON REIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 CASTLE VIEW DRIVE
 City GLOUCESTER State MA Zip Code 01930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GORTON'S Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.18276
 Amount of Each Receipt this Period
 500.00

C. JUDSON REIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 CASTLE VIEW DRIVE
 City GLOUCESTER State MA Zip Code 01930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GORTON'S Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : SA11AI.18277
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. MR. MARK RICH		Date of Receipt MM / DD / YYYY 09 / 22 / 2014 Transaction ID : SA11AI.18264
Mailing Address 21 FLANAGAN DR		Amount of Each Receipt this Period 5000.00
City FRAMINGHAM	State MA	Zip Code 01701
FEC ID number of contributing federal political committee. C	Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. MR. MICHAEL RUETTIGERS		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 Transaction ID : SA11AI.18258
Mailing Address 453 BEDFORD RD		Amount of Each Receipt this Period 10000.00
City CARLISLE	State MA	Zip Code 01741
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED	Occupation RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. LORI WINTERS SAMUELS		Date of Receipt MM / DD / YYYY 09 / 03 / 2014 Transaction ID : SA11AI.18220
Mailing Address 1380 LOMBARDY RD		Amount of Each Receipt this Period 1000.00
City PASADENA	State CA	Zip Code 91106
FEC ID number of contributing federal political committee. C	Name of Employer SELF	Occupation STORE OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	16000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JAMES P. SCHADT
Full Name (Last, First, Middle Initial)

Mailing Address 14 THOMAS PLACE

City ROWAYTON State CT Zip Code 06853

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : SA11AI.18241

Amount of Each Receipt this Period
 1000.00

B. DEBORAH TATELMAN
Full Name (Last, First, Middle Initial)

Mailing Address 1 ANCHORAGE LANE

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : SA11AI.18247

Amount of Each Receipt this Period
 500.00

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

Mailing Address 45 OLD FARM RD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer BRIDGESPAN Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : SA11AI.18251

Amount of Each Receipt this Period
 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 4 EDWARD DRIVE

City WINCHESTER State MA Zip Code 01890

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

Name of Employer CHADWICK MARTIN BAILEY Occupation CONSULTING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11AI.18246

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 543 LYNN FELLS PKWY

City MELROSE State MA Zip Code 02176

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

Name of Employer THE WARD GROUP Occupation EXECUTIVE SEARCH

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
 09 / 26 / 2014

Transaction ID : SA11AI.18268

Amount of Each Receipt this Period
 2500.00

C. MR. MICHAEL D. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 1850 MANHATTAN AVE

City HERMOSA BEACH State CA Zip Code 90254

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

Name of Employer DIRECTV, INC. Occupation BUSINESS 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
 09 / 09 / 2014

Transaction ID : SA11AI.18225

Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	198085.00

**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 102
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 ABBOTT PARK RD.
 D312 AP6D-2
 City ABBOTT PARK State IL Zip Code 60064
 FEC ID number of contributing federal political committee. **C** C00040279
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2014
Transaction ID : SA11C.18255
 Amount of Each Receipt this Period
 5000.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	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 26 OF 102
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. ROBERT L. BEAL
Full Name (Last, First, Middle Initial)

Mailing Address 177 MILK ST

City BOSTON State MA Zip Code 02109

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

Name of Employer THE BEAL COMPANIES Occupation REAL ESTATE

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 / 23 / 2014

Transaction ID : SA12.18298

Amount of Each Receipt this Period
 5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. BGR PAC
Full Name (Last, First, Middle Initial)

Mailing Address 601 THIRTEENTH STREET, NW
ELEVENTH FLOOR SOUTH

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359588

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA12.18295

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]

C. ANDREW J. BYRNE
Full Name (Last, First, Middle Initial)

Mailing Address 61 TUPELO ROAD

City MARSHFIELD State MA Zip Code 02050

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

Name of Employer IHS Occupation FINANCIAL ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA12.18299

Amount of Each Receipt this Period
 3000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 27 OF 102
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. ANNIE CARRIERE
Full Name (Last, First, Middle Initial)
Mailing Address 984 MAIN ST.
City MELROSE State MA Zip Code 02176
FEC ID number of contributing federal political committee. **C**
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30.00

Date of Receipt 09 / 23 / 2014
Transaction ID : SA12.18301
Amount of Each Receipt this Period 10.00
JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE
[MEMO ITEM]

B. STIG LESCHLY
Full Name (Last, First, Middle Initial)
Mailing Address 115 BUCKMINSTER ROAD
City BROOKLINE State MA Zip Code 02445
FEC ID number of contributing federal political committee. **C**
Name of Employer MATCH EDUCATION Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 23 / 2014
Transaction ID : SA12.18300
Amount of Each Receipt this Period 10000.00
JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE
[MEMO ITEM]

C. MASSACHUSETTS VICTORY COMMITTEE
Full Name (Last, First, Middle Initial)
Mailing Address 310 FIRST STREET SE
City WASHINGTON State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00549782
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 302098.45

Date of Receipt 09 / 23 / 2014
Transaction ID : SA12.18267
Amount of Each Receipt this Period 16901.72
JFC TRANSFER: SEE MEMO ATTRIBUTIONS

SUBTOTAL of Receipts This Page (optional).....▶ 16901.72
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 28 OF 102
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MITCHELL MCCULLOUGH
Full Name (Last, First, Middle Initial)

Mailing Address 90 VIA LOS ALTOS

City TIBURON State CA Zip Code 94920

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

Name of Employer TWO OCEAN CAPITAL Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2014
Transaction ID : SA12.18297

Amount of Each Receipt this Period
 500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. REPUBLICAN NATIONAL COMMITTEE
Full Name (Last, First, Middle Initial)

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 358350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 02 / 2014
Transaction ID : SA12.18238

Amount of Each Receipt this Period
 10350.00

C. REPUBLICAN NATIONAL COMMITTEE
Full Name (Last, First, Middle Initial)

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA12.18242

Amount of Each Receipt this Period
 50000.00

SUBTOTAL of Receipts This Page (optional).....▶	60350.00
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 29 OF 102
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. REPUBLICAN NATIONAL COMMITTEE		Date of Receipt
Mailing Address 310 FIRST STREET SE		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City State Zip Code WASHINGTON DC 20003		Transaction ID : SA12.18269
FEC ID number of contributing federal political committee. <input type="text" value="C"/> C00003418		Amount of Each Receipt this Period <input type="text" value="50000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="458350.00"/>	

Full Name (Last, First, Middle Initial) B. REPUBLICAN NATIONAL COMMITTEE		Date of Receipt
Mailing Address 310 FIRST STREET SE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code WASHINGTON DC 20003		Transaction ID : SA12.18290
FEC ID number of contributing federal political committee. <input type="text" value="C"/> C00003418		Amount of Each Receipt this Period <input type="text" value="10350.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="468700.00"/>	

Full Name (Last, First, Middle Initial) C. SCOTT A. SCHOEN		Date of Receipt
Mailing Address 535 BOYLSTON STREET 9TH FLOOR		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code BOSTON MA 02116		Transaction ID : SA12.18296
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer	Occupation	JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE
BAYLON CAPITOL MANAGEMENT LLC	INVESTMENT MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/>	[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="137601.72"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. 1505 COMMONWEALTH AVE BUSINESS CENTER LLC

Mailing Address 20 LINDEN ST, SUITE 202

City ALSTON State MA Zip Code 02134

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.17582

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. 420 BOSTON TURNPIKE LLC

Mailing Address 420 BOSTON TURNPIKE

City SHREWSBURY State MA Zip Code 01545

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17583

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 420 BOSTON TURNPIKE LLC

Mailing Address 420 BOSTON TURNPIKE

City SHREWSBURY State MA Zip Code 01545

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17584

Amount of Each Disbursement this Period

2000.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MEGAN M. ABASPOUR

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17690

Amount of Each Disbursement this Period

20.71

Full Name (Last, First, Middle Initial)

B. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17695

Amount of Each Disbursement this Period

259.15

Full Name (Last, First, Middle Initial)

C. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17696

Amount of Each Disbursement this Period

249.07

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

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

528.93

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

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
09 / 12 / 2014

Transaction ID : SB21B.17586

Amount of Each Disbursement this Period

16.49

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

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
09 / 12 / 2014

Transaction ID : SB21B.17587

Amount of Each Disbursement this Period

132.10

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

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
09 / 15 / 2014

Transaction ID : SB21B.17588

Amount of Each Disbursement this Period

19.48

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

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

168.07

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement
WYNNE REIMBURSEMENT: 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 / 19 / 2014

Transaction ID : SB21B.17798

Amount of Each Disbursement this Period

59.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

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 / 22 / 2014

Transaction ID : SB21B.17589

Amount of Each Disbursement this Period

146.83

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

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 / 02 / 2014

Transaction ID : SB21B.17591

Amount of Each Disbursement this Period

7.95

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

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

154.78

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.17592

Amount of Each Disbursement this Period

8	1	8	.	3	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. AMERICA RISING LLC

Mailing Address ACCOUNTS RECEIVABLE
1555 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.17590

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

Transaction ID : SB21B.17594

Amount of Each Disbursement this Period

1	5	.	0	0
---	---	---	---	---

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

1	8	3	.	3	5
---	---	---	---	---	---

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

1	8	3	.	3	5
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

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 / 03 / 2014

Transaction ID : SB21B.17595

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 02 / 2014

Transaction ID : SB21B.17596

Amount of Each Disbursement this Period

29.95

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 03 / 2014

Transaction ID : SB21B.17597

Amount of Each Disbursement this Period

35.00

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

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

84.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 03 / 2014

Transaction ID : SB21B.17598

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 08 / 2014

Transaction ID : SB21B.17599

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 10 / 2014

Transaction ID : SB21B.17600

Amount of Each Disbursement this Period

35.00

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

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

105.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 29 / 2014

Transaction ID : SB21B.17601

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK 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 / 30 / 2014

Transaction ID : SB21B.17602

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

C. BASSWOOD RESEARCH

Mailing Address 4550 MONTGOMERY AVENUE, SUITE 906

City BETHESDA State MD Zip Code 20814

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2014

Transaction ID : SB21B.17603

Amount of Each Disbursement this Period

46516.58

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

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

46567.58

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BELLUS REAL ESTATE

Mailing Address 9 CENTRAL STREET

City SOUTHBRIDGE State MA Zip Code 01562

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17604

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

B. BELLUS REAL ESTATE

Mailing Address 9 CENTRAL STREET

City SOUTHBRIDGE State MA Zip Code 01562

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17605

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. BLOOMS TODAY

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City HAYMARKET State VA Zip Code 20169

Purpose of Disbursement
FLORAL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2014

Transaction ID : SB21B.17607

Amount of Each Disbursement this Period

86.97

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

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

1486.97

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BN NORTH STREET LLC

Mailing Address PO BOX 496

City State Zip Code
OSTERVILLE MA 02655

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17608

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BOSTON CENTER FOR THE ARTS

Mailing Address 539 TREMONT STREET

City State Zip Code
BOSTON MA 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17609

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BOSTON HERALD

Mailing Address P.O. BOX 981068

City State Zip Code
BOSTON MA 02114-4715

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17612

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BYTEBULB, INC.

Mailing Address PO BOX 51896

City BOSTON State MA Zip Code 02205

Purpose of Disbursement
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.17613

Amount of Each Disbursement this Period

331.50

Full Name (Last, First, Middle Initial)

B. CAFE RUSTICO

Mailing Address 85 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.17614

Amount of Each Disbursement this Period

43.47

Full Name (Last, First, Middle Initial)

C. CAMBRIDGE OFFSET PRINTING, INC.

Mailing Address 56 CREIGHTON ST.

City CAMBRIDGE State MA Zip Code 02140

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.17615

Amount of Each Disbursement this Period

44.08

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

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

419.05

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CAPE ANN LIGHTHOUSE REALTY

Mailing Address 7 MADISON AVE

City GLOUCESTER State MA Zip Code 01930

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17616

Amount of Each Disbursement this Period

1600.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. CAPE ANN LIGHTHOUSE REALTY

Mailing Address 7 MADISON AVE

City GLOUCESTER State MA Zip Code 01930

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17617

Amount of Each Disbursement this Period

800.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. CHARLESTOWN SELF STORAGE

Mailing Address 50 TERMINAL ST
BLDG 1

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
STORAGE UNIT PAYMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.17620

Amount of Each Disbursement this Period

156.00

Category/
Type

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

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

2556.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHARTER COMMUNICATIONS

Mailing Address PO BOX 60187

City LOS ANGELES State CA Zip Code 90060

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : SB21B.17621

Amount of Each Disbursement this Period

2	8	2	.	1	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17623

Amount of Each Disbursement this Period

6	7	2	.	5	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17624

Amount of Each Disbursement this Period

7	6	4	.	0	0
---	---	---	---	---	---

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

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

1	7	1	8	.	6	7
---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17625

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17626

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17627

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
TELEMARKETING 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
09 / 30 / 2014

Transaction ID : SB21B.17628

Amount of Each Disbursement this Period

354.35

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND 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
09 / 08 / 2014

Transaction ID : SB21B.17633

Amount of Each Disbursement this Period

270.27

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND 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
09 / 26 / 2014

Transaction ID : SB21B.17629

Amount of Each Disbursement this Period

273.46

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

898.08

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : SB21B.17630

Amount of Each Disbursement this Period

1	0	3	.	7	1
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : SB21B.17634

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : SB21B.17635

Amount of Each Disbursement this Period

2	7	3	.	4	6
---	---	---	---	---	---

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

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

6	7	0	.	3	8
---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : SB21B.17636

Amount of Each Disbursement this Period

2	7	3	.	4	6
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : SB21B.17631

Amount of Each Disbursement this Period

2	7	0	.	2	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : SB21B.17632

Amount of Each Disbursement this Period

2	8	3	.	2	7
---	---	---	---	---	---

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

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

8	2	7	.	0	0
---	---	---	---	---	---

2	8	3	.	2	7
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK 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 / 02 / 2014

Transaction ID : SB21B.17637

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK 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 / 15 / 2014

Transaction ID : SB21B.17638

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK 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 / 23 / 2014

Transaction ID : SB21B.17639

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SB21B.17640

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.17641

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. ROBERT CUNNINGHAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

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
09 / 30 / 2014

Transaction ID : SB21B.17774

Amount of Each Disbursement this Period

378.90

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

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

408.90

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DEMELLO-MILHO REALTY TRUST

Mailing Address 89 MAIN STREET

City State Zip Code
TAUNTON MA 02780

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

Transaction ID : SB21B.17644

Amount of Each Disbursement this Period

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. DICTRONICS

Mailing Address 110 GOULD STREET
P.O. BOX 920403

City State Zip Code
NEEDHAM MA 02492-0921

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17645

Amount of Each Disbursement this Period

1	1	5	8	.	1	3			
---	---	---	---	---	---	---	--	--	--

Full Name (Last, First, Middle Initial)

C. DOUBLE TREE BOSTON-WESTBOROUGH

Mailing Address 5400 COMPUTER DRIVE

City State Zip Code
WESTBOROUGH MA 01581

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17646

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	0	5	8	.	1	3			
---	---	---	---	---	---	---	--	--	--

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DOUBLE TREE BOSTON-WESTBOROUGH

Mailing Address 5400 COMPUTER DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : SB21B.17647

Amount of Each Disbursement this Period

5236.21

Full Name (Last, First, Middle Initial)

B. JOSH DUARTE

Mailing Address 545 BAKER ST

City FALL RIVER State MA Zip Code 02721

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17670

Amount of Each Disbursement this Period

155.48

Full Name (Last, First, Middle Initial)

C. DYNAMIC SOLUTIONS

Mailing Address PO BOX 130012

City BOSTON State MA Zip Code 02113

Purpose of Disbursement
DATA MANAGEMENT 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 / 11 / 2014

Transaction ID : SB21B.17648

Amount of Each Disbursement this Period

10250.00

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

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

15641.69

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DYNAMIC SOLUTIONS

Mailing Address PO BOX 130012

City BOSTON State MA Zip Code 02113

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.17649

Amount of Each Disbursement this Period

10250.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17585

Amount of Each Disbursement this Period

164.39

Category/
Type

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address P.O. BOX 15062

City ALBANY State NY Zip Code 12212

Purpose of Disbursement
FALK REIMBURSEMENT: 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 / 01 / 2014

Transaction ID : SB21B.17585.0

Amount of Each Disbursement this Period

50.00

Category/
Type

[MEMO ITEM]

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

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

10414.39

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MBTA

Mailing Address 700 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement
FALK REIMBURSEMENT: TRAVEL: RAIL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SB21B.17585.1

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WHOLE FOODS

Mailing Address 550 BOWIE STREET

City AUSTIN State TX Zip Code 78703

Purpose of Disbursement
FALK REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2014

Transaction ID : SB21B.17585.2

Amount of Each Disbursement this Period

14.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NATHAN FATAL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : SB21B.17700

Amount of Each Disbursement this Period

10.90

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

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

10.90

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement
DELIVERY 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 / 19 / 2014

Transaction ID : SB21B.17653

Amount of Each Disbursement this Period

26.32

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.17654

Amount of Each Disbursement this Period

20.11

Full Name (Last, First, Middle Initial)

C. FRANK GOBBI REV. TRUST

Mailing Address PO BOX 220

City WESTWOOD State MA Zip Code 02090

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17655

Amount of Each Disbursement this Period

2000.00

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

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

2046.43

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NICHOLAS GALLAGHER

Mailing Address 112 OLD FARM ROAD

City MILTON State MA Zip Code 02186

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17702

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. GERASIMIDIS GROUP LLC

Mailing Address 1015 HIGH STREET

City DEDHAM State MA Zip Code 02026

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17656

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

C. RICHARD GOULD

Mailing Address 19 TRENTON STREET

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2014

Transaction ID : SB21B.17771

Amount of Each Disbursement this Period

3000.00

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

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

6300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY 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

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.17657

Amount of Each Disbursement this Period

200.00

Category/Type

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
WYNNE REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SB21B.17803

Amount of Each Disbursement this Period

40.00

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GRIDIRON COMMUNICATIONS

Mailing Address 3903 PORTAGE ROAD
SUITE C#262

City SOUTH BEND State IN Zip Code 46628

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17659

Amount of Each Disbursement this Period

5225.00

Category/Type

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

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

5425.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HALFTIME PIZZA

Mailing Address 115 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.17661

Amount of Each Disbursement this Period

83.45

Full Name (Last, First, Middle Initial)

B. HEALTH SERVICES ADMINISTRATOR

Mailing Address 135 WOOD RD

City BRAintree State MA Zip Code 02184

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17662

Amount of Each Disbursement this Period

2000.88

Full Name (Last, First, Middle Initial)

C. KAYTLIN HURD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17673

Amount of Each Disbursement this Period

159.60

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

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

2243.93

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. INTERSTATE PROPERTIES

Mailing Address 999 BROADWAY, SUITE 400

City SAUGUS State MA Zip Code 01906

Purpose of Disbursement
RENT

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 / 30 / 2014

Transaction ID : SB21B.17665

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. INTERSTATE RENTAL SERVICE INC.

Mailing Address 384 AMORY ST.
P.O.BOX 300729

City BOSTON State MA Zip Code 02130

Purpose of Disbursement
RENT

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 / 30 / 2014

Transaction ID : SB21B.17666

Amount of Each Disbursement this Period

821.18

Full Name (Last, First, Middle Initial)

C. INTUIT INC.

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SOFTWARE

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 / 04 / 2014

Transaction ID : SB21B.17667

Amount of Each Disbursement this Period

42.45

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

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

1863.63

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JCI CONSULTING

Mailing Address 11 WING BLVD

City EAST SANDWICH State MA Zip Code 02537

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2014

Transaction ID : SB21B.17668

Amount of Each Disbursement this Period

10748.74

Full Name (Last, First, Middle Initial)

B. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17651

Amount of Each Disbursement this Period

230.45

Full Name (Last, First, Middle Initial)

C. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17652

Amount of Each Disbursement this Period

109.15

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

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

11088.34

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BEN KEILMAN

Mailing Address **775 TREMONT STREET
APARTMENT 3**

City **BOSTON** State **MA** Zip Code **02118**

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.17606

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. KONICA MINOLTA PREMIER FINANCE

Mailing Address **P.O. BOX 642333**

City **PITTSBURGH** State **PA** Zip Code **15264-2333**

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.17674

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. KOWLOON RESTAURANT

Mailing Address **948 BROADWAY**

City **SANGUS** State **MA** Zip Code **01906**

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.17675

Amount of Each Disbursement this Period

Category/
Type

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LEASEWEB USA

Mailing Address 9480 INNOVATION DRIVE
SUITE 1

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement
WYNNE REIMBURSEMENT: WEB HOSTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SB21B.17800

Amount of Each Disbursement this Period

67.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LEASEWEB USA

Mailing Address 9480 INNOVATION DRIVE
SUITE 1

City MANASSAS State VA Zip Code 20110

Purpose of Disbursement
WYNNE REIMBURSEMENT: WEB HOSTING

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 / 2014

Transaction ID : SB21B.17797

Amount of Each Disbursement this Period

67.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LENZI'S CATERING SERVICES

Mailing Address 810 MERRIMACK AVE

City DRACUT State MA Zip Code 01826

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.17676

Amount of Each Disbursement this Period

500.00

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

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

500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
SOFTWARE

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 / 2014

Transaction ID : SB21B.17677

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. LINENS BY ALICE

Mailing Address 18 BROOKLEY ROAD

City BOSTON State MA Zip Code 02130

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17680

Amount of Each Disbursement this Period

583.25

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 512 MEANS STREET
SUITE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
EMAIL ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : SB21B.17681

Amount of Each Disbursement this Period

300.00

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

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

1033.25

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. CHARLES MANNING		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address P.O. BOX 146751		Transaction ID : SB21B.17619
City BOSTON	State MA	
Zip Code 02114	Purpose of Disbursement ADMINISTRATIVE CONSULTING	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MARATHON MOVING COMPANY		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 129 YORK AVENUE		Transaction ID : SB21B.17682
City RANDOLPH	State MA	
Zip Code 02368	Purpose of Disbursement MOVING EXPENSE	Amount of Each Disbursement this Period 130.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MASSDOT		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 10 PARK PLAZA SUITE 4160		Transaction ID : SB21B.17684
City BOSTON	State MA	
Zip Code 02116	Purpose of Disbursement TRAVEL: TOLLS	Amount of Each Disbursement this Period 40.50
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).....▶	5170.50
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : SB21B.17685

Amount of Each Disbursement this Period

42.85

Full Name (Last, First, Middle Initial)

B. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2014

Transaction ID : SB21B.17686

Amount of Each Disbursement this Period

53.40

Full Name (Last, First, Middle Initial)

C. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2014

Transaction ID : SB21B.17687

Amount of Each Disbursement this Period

43.21

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

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

139.46

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : **SB21B.17688**

Amount of Each Disbursement this Period

41.60

Full Name (Last, First, Middle Initial)

B. ED MCGRATH

Mailing Address 56 LANEWOOD AVE

City FRAMINGHAM State MA Zip Code 01701

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : **SB21B.17801**

Amount of Each Disbursement this Period

694.92

Full Name (Last, First, Middle Initial)

C. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
BANK 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 / 02 / 2014

Transaction ID : **SB21B.17691**

Amount of Each Disbursement this Period

25.00

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

761.52

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
BANK 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 / 02 / 2014

Transaction ID : SB21B.17692

Amount of Each Disbursement this Period

74.99

Full Name (Last, First, Middle Initial)

B. MERCHANT BANKCARD

Mailing Address 1700 N DIXIE HWY
STE 125

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
BANK 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 / 03 / 2014

Transaction ID : SB21B.17693

Amount of Each Disbursement this Period

61.40

Full Name (Last, First, Middle Initial)

C. MERCHANT E-SOLUTIONS INC

Mailing Address 3600 BRIDGE PARKWAY
SUITE 102

City REDWOOD CITY State CA Zip Code 94065

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 / 04 / 2014

Transaction ID : SB21B.17694

Amount of Each Disbursement this Period

1018.75

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

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

1155.14

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MICRO CENTER

Mailing Address 730 MEMORIAL DRIVE

City State Zip Code
CAMBRIDGE MA 02139

Purpose of Disbursement
WYNNE REIMBURSEMENT: OFFICE EQUIPMENT PURCHASE

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
08		19		2014

Transaction ID : SB21B.17804

Amount of Each Disbursement this Period

419.67

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MILL POND REALTY INVESTMENT TRUST

Mailing Address 199 MAIN STREET

City State Zip Code
MILFORD MA 01757

Purpose of Disbursement
RENT & UTILITIES

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
09		30		2014

Transaction ID : SB21B.17697

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

C. MITRANO FAMILY LLC

Mailing Address 291 MAIN STREET

City State Zip Code
STONEHAM MA 02180

Purpose of Disbursement
RENT & UTILITIES

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
09		30		2014

Transaction ID : SB21B.17698

Amount of Each Disbursement this Period

1100.00

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

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

1650.00

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MULLIGAN'S DELI

Mailing Address 83 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : SB21B.17699

Amount of Each Disbursement this Period

49.33

Full Name (Last, First, Middle Initial)

B. NATIONAL GRID

Mailing Address PO BOX 11735

City NEWARK State NJ Zip Code 07101

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
09 / 08 / 2014

Transaction ID : SB21B.17701

Amount of Each Disbursement this Period

25.79

Full Name (Last, First, Middle Initial)

C. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

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
09 / 08 / 2014

Transaction ID : SB21B.17703

Amount of Each Disbursement this Period

50.82

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

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

125.94

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17704

Amount of Each Disbursement this Period

270.30

Category/
Type

Full Name (Last, First, Middle Initial)

B. OX-EYE PROPERTIES

Mailing Address 117 S. 14TH ST., #300

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17705

Amount of Each Disbursement this Period

4964.70

Category/
Type

Full Name (Last, First, Middle Initial)

C. POLAND SPRINGS

Mailing Address PO BOX 856192

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2014

Transaction ID : SB21B.17769

Amount of Each Disbursement this Period

23.28

Category/
Type

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

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

5258.28

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. POST OFFICE SQUARE GARAGE

Mailing Address 3963 CATAWBA STREET

City TOLEDO State OH Zip Code 43612

Purpose of Disbursement
WYNNE REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17799

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. RITAS CATERING

Mailing Address 1935 REVERE BEACH PARKWAY

City EVERETT State MA Zip Code 02149

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17772

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. RIVAL IQ

Mailing Address 312 - 35TH AVENUE

City SEATTLE State WA Zip Code 98122

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17773

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RTC ADVISORS

Mailing Address 4 GALLAGHER DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2014

Transaction ID : SB21B.17775

Amount of Each Disbursement this Period

6948.32

Full Name (Last, First, Middle Initial)

B. RTC ADVISORS

Mailing Address 4 GALLAGHER DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2014

Transaction ID : SB21B.17776

Amount of Each Disbursement this Period

6894.69

Full Name (Last, First, Middle Initial)

C. RTC ADVISORS

Mailing Address 4 GALLAGHER DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17777

Amount of Each Disbursement this Period

6959.39

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

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

20802.40

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SAMUEL'S SPORTS BAR

Mailing Address 1000 W COLUMBUS AVE

City SPRINGFIELD State MA Zip Code 01105

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.17778**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SOTIRIOS CHRISTOPOULOS

Mailing Address PO BOX 6016

City CLEARWATER State FL Zip Code 33758

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.17779**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. STAPLES CREDIT PLAN

Mailing Address PO BOX 689020

City DES MOINES State IA Zip Code 50368

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

/ /

Transaction ID : **SB21B.17780**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MARK STEFFEN

Mailing Address 1505 COMMONWEALTH AVE.
5TH FLOOR

City BOSTON State MA Zip Code 02120

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17683

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SWIFTCURRENT STRATEGIES, INC.

Mailing Address 83 CABOT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17781

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. TAUNTON MUNICIPAL LIGHT PLANT

Mailing Address PO BOX 870

City TAUNTON State MA Zip Code 02780

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.17782

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. THE WESTIN MICHIGAN AVENUE CHICAGO

Mailing Address 909 N MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611

Purpose of Disbursement
MCGRATH REIMBURSEMENT: TRAVEL: LODGING

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
0	9				2	6		2	0	1	4		

Transaction ID : SB21B.17802

Amount of Each Disbursement this Period

6	9	4	.	9	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TOWNSHIP 40 CONSULTING

Mailing Address 628 WASHINGTON STREET, #3

City State Zip Code
BROOKLINE MA 02446

Purpose of Disbursement
RESEARCH CONSULTING

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
0	9				3	0		2	0	1	4		

Transaction ID : SB21B.17783

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. TRIFF REALTY TRUST

Mailing Address 124 LONG POND ROAD

City State Zip Code
PLYMOUTH MA 02360

Purpose of Disbursement
RENT

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
0	9				3	0		2	0	1	4		

Transaction ID : SB21B.17784

Amount of Each Disbursement this Period

1	6	0	.	0	0
---	---	---	---	---	---

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

6	6	0	.	0	0
---	---	---	---	---	---

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

6	6	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. U-HAUL

Mailing Address 240 N BEACON ST

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
WYNNE REIMBURSEMENT: EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2014

Transaction ID : SB21B.17805

Amount of Each Disbursement this Period

28.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

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 / 03 / 2014

Transaction ID : SB21B.17785

Amount of Each Disbursement this Period

1.19

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

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 / 08 / 2014

Transaction ID : SB21B.17786

Amount of Each Disbursement this Period

273.47

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

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

274.66

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

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 / 19 / 2014

Transaction ID : SB21B.17787

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

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 / 19 / 2014

Transaction ID : SB21B.17788

Amount of Each Disbursement this Period

115.21

Full Name (Last, First, Middle Initial)

C. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

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 / 19 / 2014

Transaction ID : SB21B.17789

Amount of Each Disbursement this Period

158.28

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

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

10273.49

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. WORCESTER 1661 LLC

Mailing Address 116 FLANDERS ROAD
SUITE 2000

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17791

Amount of Each Disbursement this Period

982.08

Full Name (Last, First, Middle Initial)

B. WUFOO

Mailing Address 12157 W LINBAUGH AVE
PMB 327

City TAMPA State FL Zip Code 33626

Purpose of Disbursement
WEB HOSTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : SB21B.17792

Amount of Each Disbursement this Period

29.95

Full Name (Last, First, Middle Initial)

C. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17794

Amount of Each Disbursement this Period

207.30

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

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

1219.33

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17795

Amount of Each Disbursement this Period

139.55

Full Name (Last, First, Middle Initial)

B. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17796

Amount of Each Disbursement this Period

716.76

Full Name (Last, First, Middle Initial)

C. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17678

Amount of Each Disbursement this Period

99.82

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

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

956.13

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17679

Amount of Each Disbursement this Period

193.26

Full Name (Last, First, Middle Initial)

B. KATY ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2014

Transaction ID : SB21B.17671

Amount of Each Disbursement this Period

287.92

Full Name (Last, First, Middle Initial)

C. KATY ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB21B.17672

Amount of Each Disbursement this Period

211.28

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

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

692.46

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ZOUZAS, LLC

Mailing Address 227 CHELMSFORD STREET

City CHELMSFORD State MA Zip Code 01824

Purpose of Disbursement
RENT

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 / 30 / 2014

Transaction ID : SB21B.17793

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

900.00

207221.88

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MEGAN M. ABASPOUR

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17741

Amount of Each Disbursement this Period

780.00

Full Name (Last, First, Middle Initial)

B. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17712

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17742

Amount of Each Disbursement this Period

1200.00

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

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

3180.00

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NICHOLAS P. BAYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17713

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

B. NICHOLAS P. BAYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17743

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

C. CHARLYCE BOZZELLO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17744

Amount of Each Disbursement this Period

350.00

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

3150.00

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PETER C. BROCKERMEYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17714

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

B. PETER C. BROCKERMEYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17745

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. RYAN S. CHAMBERLAND

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17715

Amount of Each Disbursement this Period

1615.38

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

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

2538.46

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RYAN S. CHAMBERLAND

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17746

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. THEODORE A CONRAD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17716

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. THEODORE A CONRAD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17747

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DANIEL J. CREME

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17748

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ROBERT CUNNINGHAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17706

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ROBERT CUNNINGHAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17735

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JOSHUA R DUARTE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB30B.17717

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. JOSHUA R DUARTE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB30B.17749

Amount of Each Disbursement this Period

823.33

Full Name (Last, First, Middle Initial)

C. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB30B.17707

Amount of Each Disbursement this Period

1461.54

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

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

3484.87

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17736

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NATHAN FATAL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17718

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NATHAN FATAL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17750

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANTHONY FATTMAN

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : SB30B.17593

Amount of Each Disbursement this Period

312.15

Full Name (Last, First, Middle Initial)

B. HELEN C. GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17719

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. HELEN C. GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17751

Amount of Each Disbursement this Period

461.54

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

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

1235.23

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MARY GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17720

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

B. MARY GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17752

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. KAYTLIN HURD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17721

Amount of Each Disbursement this Period

1300.00

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

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

2223.08

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAYTLIN HURD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB30B.17753

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

B. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB30B.17708

Amount of Each Disbursement this Period

1653.85

Full Name (Last, First, Middle Initial)

C. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB30B.17737

Amount of Each Disbursement this Period

1653.85

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

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

4607.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BENJAMIN D. KEILMAN

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17722

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BENJAMIN D. KEILMAN

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17754

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17622

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17709

Amount of Each Disbursement this Period

1476.92

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17738

Amount of Each Disbursement this Period

1476.92

Full Name (Last, First, Middle Initial)

C. COLLEEN R MALONEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17755

Amount of Each Disbursement this Period

780.00

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

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

3733.84

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DEVON MANCHESTER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB30B.17723

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

B. DEVON MANCHESTER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB30B.17756

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. BRIAN MCKEON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB30B.17724

Amount of Each Disbursement this Period

1384.62

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

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

2307.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BRIAN MCKEON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17757

Amount of Each Disbursement this Period

1384.62

Full Name (Last, First, Middle Initial)

B. ALEXANDER MILNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17725

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. ALEXANDER MILNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17758

Amount of Each Disbursement this Period

461.54

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

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

2307.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BRENDAN C. MOSS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17710

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

B. BRENDAN C. MOSS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17739

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. HENRY MURRY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

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 / 08 / 2014

Transaction ID : SB30B.17663

Amount of Each Disbursement this Period

65.38

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

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

988.46

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HENRY MURRY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2014

Transaction ID : SB30B.17726

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. HENRY MURRY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : SB30B.17759

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. HENRY MURRY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2014

Transaction ID : SB30B.17664

Amount of Each Disbursement this Period

611.14

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

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

3011.14

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.17733

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

4562.64

Purpose of Disbursement
PAYROLL TAXES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.17734

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

111.00

Purpose of Disbursement
PAYROLL FEES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.17767

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

4215.22

Purpose of Disbursement
PAYROLL TAXES

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

8888.86

--

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES, INC.

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17768

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DUSTIN J. ROMEIRO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17760

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GREGORY M. SCHMIDT

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17728

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial) A. GREGORY M. SCHMIDT		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address 85 MERRIMAC STREET SUITE 400		Transaction ID : SB30B.17761
City BOSTON	State MA Zip Code 02114	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 600.00
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. GREGORY M. SCHMIDT		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 85 MERRIMAC STREET SUITE 400		Transaction ID : SB30B.17658
City BOSTON	State MA Zip Code 02114	
Purpose of Disbursement MILEAGE	Candidate Name	Amount of Each Disbursement this Period 164.94
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. JOHN TAPLEY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address 85 MERRIMAC STREET SUITE 400		Transaction ID : SB30B.17729
City BOSTON	State MA Zip Code 02114	
Purpose of Disbursement PAYROLL	Candidate Name	Amount of Each Disbursement this Period 600.00
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)..... ▶	1364.94
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JOHN TAPLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17762

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JOHN TAPLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17669

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER D. THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17711

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER D. THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17740

Amount of Each Disbursement this Period

2538.46

Full Name (Last, First, Middle Initial)

B. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : SB30B.17730

Amount of Each Disbursement this Period

2200.00

Full Name (Last, First, Middle Initial)

C. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17764

Amount of Each Disbursement this Period

2200.00

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

6938.46

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17731

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17765

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. KATHRYN L. ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.17732

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KATHRYN L. ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SB30B.17766

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1153.85

75817.38