

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

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

Type or Print Name of Treasurer BRADLEY T. CRATE

Signature of Treasurer BRADLEY T. CRATE [Electronically Filed] Date 07 / 15 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="101270.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74252.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="465950.00"/>	<input type="text" value="879450.00"/>
(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="540202.18"/>	<input type="text" value="980720.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="497438.76"/>	<input type="text" value="937957.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42763.42"/>	<input type="text" value="42763.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	459750.00	872350.00
(ii) Unitemized .....	1700.00	2100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	461450.00	874450.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	465950.00	879450.00
▶ 12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
▶ 13. All Loans Received .....	0.00	0.00
▶ 14. Loan Repayments Received.....	0.00	0.00
▶ 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
▶ 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
▶ 17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
▶ 18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
▶ 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....	465950.00	879450.00
▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	465950.00	879450.00

**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 .....	114683.04	236860.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	114683.04	236860.25
22. Transfers to Affiliated/Other Party Committees.....	382755.72	698097.14
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	3000.00
(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	3000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	497438.76	937957.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	497438.76	937957.39

**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) .....	465950.00	879450.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	465950.00	876450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	114683.04	236860.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	114683.04	236860.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 119
	(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 VICTORY COMMITTEE**

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

Mailing Address 26 BEECH ROAD

City BROOKLINE	State MA	Zip Code 02446
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FEC ID number of contributing federal political committee. **C**

Name of Employer LONGWOOD FUND	Occupation PARTNER
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2016

**Transaction ID : SA11AI.7449**

Amount of Each Receipt this Period  
4000.00

Memo Item

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

Mailing Address 257 COMMONWEALTH AVE #5

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

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

Name of Employer NATIONAL DEVELOPMENT	Occupation REAL ESTATE
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2016

**Transaction ID : SA11AI.7440**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 1280 WASHINGTON STREET #501

City BOSTON	State MA	Zip Code 02118
----------------	-------------	-------------------

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

Name of Employer ALEXANDRIA REAL ESTATE EQUITIES	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2016

**Transaction ID : SA11AI.7332**

Amount of Each Receipt this Period  
5400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. ANTHONY ANTICO**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 ANTICO CIRCLE

City WALTHAM	State MA	Zip Code 02451
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FEC ID number of contributing federal political committee. **C**

Name of Employer ANTICO EXCAVATING	Occupation PRESIDENT
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	15	/	2016

**Transaction ID : SA11AI.7416**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 276 HIGHLAND ST

City NEWTON	State MA	Zip Code 02465
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FEC ID number of contributing federal political committee. **C**

Name of Employer MATCH BEYOND	Occupation CEO
----------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	02	/	2016

**Transaction ID : SA11AI.7331**

Amount of Each Receipt this Period  
20000.00

Memo Item

**C. DAWN BECKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2403 WALLED OAK COURT

City FALLS CHURCH	State VA	Zip Code 22043
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FEC ID number of contributing federal political committee. **C**

Name of Employer FEDERAL REALTY INVESTMENT TRUST	Occupation ATTORNEY
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	23	/	2016

**Transaction ID : SA11AI.7355**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	26000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. JAMES T BERGIN**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 145

City ROCHDALE State MA Zip Code 01542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2016  
**Transaction ID : SA11AI.7339**

Amount of Each Receipt this Period  
 15000.00

Memo Item

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

Mailing Address 209 WASHINGTON ROAD

City BARRINGTON State RI Zip Code 02806

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

Name of Employer BLOUNT FINE FOODS Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016  
**Transaction ID : SA11AI.7347**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 95 MORSE ROAD

City NORWOOD State MA Zip Code 02062

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

Name of Employer BOCH ENTERPRISES Occupation PRESIDENT & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : SA11AI.7366**

Amount of Each Receipt this Period  
 43400.00

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. DAVID J BREAZZANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 193 DUTTON ROAD

City SUDBURY State MA Zip Code 01776

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

Name of Employer DDJ CAPITAL MANAGEMENT, LLC Occupation INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 43400.00

Date of Receipt 06 / 28 / 2016  
**Transaction ID : SA11AI.7361**

Amount of Each Receipt this Period 43400.00

Memo Item

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

Mailing Address 20 PERCY ROAD

City LEXINGTON State MA Zip Code 02421

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

Name of Employer FEDERAL REALTY INVESTMENT TRUST Occupation REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 15 / 2016  
**Transaction ID : SA11AI.7349**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. MR. MICHAEL CANEPARI**  
Full Name (Last, First, Middle Initial)

Mailing Address 53 PERSERVERANCE PATH

City PLYMOUTH State MA Zip Code 02360

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

Name of Employer BEST EFFORTS Occupation INFORMATION REQUESTED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : SA11AI.7404**

Amount of Each Receipt this Period 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 170 BEACH ROAD UNIT #17

City	State	Zip Code
SALISBURY	MA	01952

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

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

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  
 04 / 26 / 2016  
**Transaction ID : SA11AI.7457**

Amount of Each Receipt this Period  
 10000.00

Memo Item

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

Mailing Address 53 SUMMER ST

City	State	Zip Code
WEST ROXBURY	MA	02132

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

Name of Employer	Occupation
WAYNE ROOFING CO	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  
 05 / 27 / 2016  
**Transaction ID : SA11AI.7430**

Amount of Each Receipt this Period  
 10000.00

Memo Item

**C. MR. JOHN B DERDERIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 CORNELL ROAD

City	State	Zip Code
WELLESLEY	MA	02482

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

Name of Employer	Occupation
WALTHAM LIME & CEMENT CO, INC.	SALES

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  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7406**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	21000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. THOMAS J DESIMONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 BOYLSTON ST  
 UNIT 709  
 City BOSTON State MA Zip Code 02116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WS ASSET MANAGEMENT, INC. Occupation REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 10000.00

Date of Receipt 06 / 06 / 2016  
**Transaction ID : SA11AI.7336**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. MR. MICHAEL DONNELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 471 EASTERN AVE APT.1  
 City LYNN State MA Zip Code 01902  
 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 04 / 15 / 2016  
**Transaction ID : SA11AI.7402**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. MR. JOHN J DONOVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 HALE STREET  
 City NEWTON State MA Zip Code 02464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROPES & GRAY Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : SA11AI.7400**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 12 OF 119  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. JOHN DOUROS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 LEE STREET  
 City BROOKLINE State MA Zip Code 02445  
 FEC ID number of contributing federal political committee. C  
 Name of Employer EXXON STATION Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : SA11AI.7418**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. JOSEPH FALLON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE MARINA PARK DRIVE  
 City BOSTON State MA Zip Code 02210  
 FEC ID number of contributing federal political committee. C  
 Name of Employer THE FALLON COMPANY Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : SA11AI.7396**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. MR. EDWARD J FANEUIL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 BELVIDERE STREET APT. 5H  
 City BOSTON State MA Zip Code 02199  
 FEC ID number of contributing federal political committee. C  
 Name of Employer GLOBAL PARTNERS INC Occupation GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : SA11AI.7444**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 12500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 38 CHAUNCY STREET, 3RD FLOOR

City	State	Zip Code
BOSTON	MA	02111

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

Name of Employer	Occupation
MARLO MARKETING	PUBLIC RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

**Transaction ID : SA11AI.7385**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 465 WARREN ST

City	State	Zip Code
BROOKLINE	MA	02445

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

Name of Employer	Occupation
ATLAS VENTURE	PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2016

**Transaction ID : SA11AI.7391**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. MS. CHRISTINE M FRENCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 WINCHESTER ROAD

City	State	Zip Code
ARLINGTON	MA	02474

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

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2016

**Transaction ID : SA11AI.7420**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. KONRAD GESNER JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1275 COMMONWEALTH AVE

City WEST NEWTON State MA Zip Code 02465

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

Name of Employer FRANKLIN INVESTMENT PARTNERS Occupation PRINCIPAL

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  
 05 / 16 / 2016  
**Transaction ID : SA11AI.7435**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 1 NORFOLK STREET

City DEDHAM State MA Zip Code 02026

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

Name of Employer JOHN GIBBONS LAW OFFICES Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7414**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C. MR. MATTHEW I GROSSHANDLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 NORWOOD STREET

City SHARON State MA Zip Code 02067

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

Name of Employer BALD HILL BUILDERS LLC Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7398**

Amount of Each Receipt this Period  
 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 119  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 129 ABBOTT ROAD

City State Zip Code  
WELLESLEY MA 02481

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

Name of Employer Occupation  
CBRE NEW ENGLAND COMMERCIAL REAL ESTATE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2016  
**Transaction ID : SA11AI.7350**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MR. KEVIN G HOLMES**

Mailing Address 43 WADSWORTH ROAD

City State Zip Code  
ASHLAND MA 01721

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

Name of Employer Occupation  
TRI STATE TRUCK CENTER, INC. 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  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7412**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MR. BRIAN H KAVOOGIAN**

Mailing Address 66 FISKE ROAD

City State Zip Code  
WELLESLEY MA 02181

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

Name of Employer Occupation  
CHARLES RIVER REALTY INVESTERS 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  
 06 / 20 / 2016  
**Transaction ID : SA11AI.7351**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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 16 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JAMES KEARNS</b>		Date of Receipt
Mailing Address 23 ELM CT		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City	State	Zip Code
COHASSET	MA	02025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.7841</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NORTH COUNTRY ROOFING LLC	OWNER	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input checked="" type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	NORTH COUNTRY ROOFING LLC
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DANIEL KENARY</b>		Date of Receipt
Mailing Address 42 CHATHAM CIR		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2016"/>
City	State	Zip Code
WELLESLEY	MA	02481
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.7383</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MBBC, INC.	MANAGEMENT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. KEVIN W KENNEDY</b>		Date of Receipt
Mailing Address 145 CENTRAL PARK WEST #12C		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
City	State	Zip Code
NEW YORK	NY	10028
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.7343</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
KCW MANAGEMENT LLC	INVESTOR	<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="25250.00"/>
<b>TOTAL</b> 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 17 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. THOMAS A KERSHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 84 BEACON STREET

City BOSTON State MA Zip Code 02108

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

Name of Employer HAMPSHIRE HOUSE CORP. Occupation BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : SA11AI.7453**

Amount of Each Receipt this Period 10000.00

Memo Item

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

Mailing Address 76 BUCKINGHAM ROAD

City MILTON State MA Zip Code 02186

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

Name of Employer GOOD SPORTS Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 12 / 2016  
**Transaction ID : SA11AI.7393**

Amount of Each Receipt this Period 2500.00

Memo Item

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

Mailing Address 114 MERRIAM AVE; SUITE 201

City LEOMINSTER State MA Zip Code 01453

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

Name of Employer HENRY KULIK CPA LLC Occupation CPA/CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2016  
**Transaction ID : SA11AI.7353**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 13500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. RAYMOND LAWTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 BOSTON STREET

City State Zip Code  
TOPSFIELD MA 01983

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

Name of Employer Occupation  
LAWTON WELDING CO PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2016

**Transaction ID : SA11AI.7424**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 15 HAMMEL CT

City State Zip Code  
PORTSMOUTH RI 02871

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

Name of Employer Occupation  
GOLD MEDAL BAKERY ACCOUNTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : SA11AI.7365**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 19 DUNEDIN ROAD

City State Zip Code  
WELLESLEY HILLS MA 02481

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

Name of Employer Occupation  
UNITED MATERIAL MANAGEMENT, INC CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2016

**Transaction ID : SA11AI.7431**

Amount of Each Receipt this Period  
8500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	14000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. BETTE ANN LIBBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 WALNUT HILL ROAD

City CHESTNUT HILL State MA Zip Code 02467

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

Name of Employer SELF-EMPLOYED Occupation ARTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016  
**Transaction ID : SA11AI.7439**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B. MR. TERENCE P MCCOURT**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 NASHOBA ROAD

City CONCORD State MA Zip Code 01742

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

Name of Employer GREENBERG TRAUIG Occupation ATTORNEY

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  
 06 / 14 / 2016  
**Transaction ID : SA11AI.7345**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**C. MR. JOHN J MCDONOUGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 IVANA DRIVE

City ANDOVER State MA Zip Code 01810

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

Name of Employer AMERICAN RENTAL ASSOCIATES Occupation EXECUTIVE

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  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7410**

Amount of Each Receipt this Period  
 10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 34 TURNERS WAY

City NORWELL State MA Zip Code 02061

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

Name of Employer CLEAN HARBORS, INC. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : SA11AI.7381**

Amount of Each Receipt this Period  
 15000.00

Memo Item

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

Mailing Address 111LANGLEE RD

City HINGHAM State MA Zip Code 02043

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

Name of Employer MIRABITO INSURANCE AGENCY Occupation INSURANCE AGENT

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  
 05 / 16 / 2016  
**Transaction ID : SA11AI.7437**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address 39 AVOLA STREET

City ARLINGTON State MA Zip Code 02476

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

Name of Employer GLOBAL MECHANICAL Occupation PIPEFITTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7422**

Amount of Each Receipt this Period  
 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	22500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 222 BERKELEY STREET  
13TH FLOOR

City BOSTON State MA Zip Code 02116

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

Name of Employer MUGAR ENTEPRISES Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20000.00

Date of Receipt  
05 / 27 / 2016  
Transaction ID : SA11AI.7456

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. NORTH COUNTRY ROOFING LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 NORMAC ROAD

City WOBURN State MA Zip Code 01801

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
04 / 29 / 2016  
Transaction ID : SA11AI.7455

Amount of Each Receipt this Period  
10000.00

Memo Item  
PERMISSIBLE FUNDS: SEE MEMO ENTRIES

**C. BREDA O'SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 ELM CT

City COHASSET State MA Zip Code 02025

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

Name of Employer Occupation  
PETROCELLI INSURANCE ADJUSTERS INSURANCE ADJUSTER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 29 / 2016  
Transaction ID : SA11AI.7843

Amount of Each Receipt this Period  
5000.00

Memo Item  
NORTH COUNTRY ROOFING LLC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 20000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 119
	(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 VICTORY COMMITTEE**

**A. MR. ROBERT PEREIRA II**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 SPECTACLE POND ROAD

City LITTLETON	State MA	Zip Code 01460
-------------------	-------------	-------------------

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

Name of Employer RE MIDDLESEX CORP	Occupation EXECUTIVE
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2016

**Transaction ID : SA11AI.7460**

Amount of Each Receipt this Period  
43400.00

Memo Item

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

Mailing Address 16 FULLER RD

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

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

Name of Employer HINES INTERESTS LIMITED PARTNERSHIP	Occupation REAL ESTATE
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		16		2016

**Transaction ID : SA11AI.7389**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. MR. PEDRO A PIREZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 HUDSON ROAD

City BOLTON	State MA	Zip Code 01740
----------------	-------------	-------------------

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

Name of Employer TARA CONSTRUCTION, INC	Occupation CONTRACTOR
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		15		2016

**Transaction ID : SA11AI.7408**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. JAMES R PRATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 68 REBELS WAY

City PORTSMOUTH State RI Zip Code 02871

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

Name of Employer Occupation  
CLA CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : SA11AI.7378**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 127 STONEGATE LN

City DOVER State MA Zip Code 02030

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

Name of Employer Occupation  
SELF-EMPLOYED INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : SA11AI.7459**

Amount of Each Receipt this Period  
15000.00

Memo Item

**C. MR. STEVEN V RASO**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 HORSESHOE DRIVE

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer Occupation  
LANDMARK MGMT SOLUTIONS PRINCIPAL

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  
04 / 29 / 2016

**Transaction ID : SA11AI.7451**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	16400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. HENRI RAUSCHENBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1064  
 City BREWSTER State MA Zip Code 02631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KROKIDAS & BLUESTEIN Occupation LOBBYIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 16 / 2016**  
**Transaction ID : SA11AI.7433**  
 Amount of Each Receipt this Period **2500.00**  
 Memo Item

**B. DANIEL J SALMON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 940  
 City NORTHBRIDGE State MA Zip Code 01534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEAUMONT NURSING HOME Occupation ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : SA11AI.7452**  
 Amount of Each Receipt this Period **5000.00**  
 Memo Item

**C. MR. STEVEN SAMUELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 284 WARREN STREET  
 City BROOKLINE State MA Zip Code 02445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAMUELS & ASSOCIATES Occupation REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **7500.00**

Date of Receipt **06 / 01 / 2016**  
**Transaction ID : SA11AI.7330**  
 Amount of Each Receipt this Period **7500.00**  
 Memo Item

**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: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. MR. ERIC S SLIFKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 CLARK ROAD

City WELLESLEY HILLS State MA Zip Code 02481

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

Name of Employer GLOBAL COMPANIES LLC Occupation PRESIDENT AND CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : SA11AI.7446**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address 31 LATHROP RD

City WELLESLEY State MA Zip Code 02482

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

Name of Employer THE KRAEMAON GROUP Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.7335**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. MR. RAYMOND S STATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 MILLER HILL RD

City DOVER State MA Zip Code 02030

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 ▼ 20000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.7338**

Amount of Each Receipt this Period  
 20000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	23500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A. DAVID TAMASI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5435 30TH PL., NW  
 City WASHINGTON State DC Zip Code 20015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RASKY BAERLEIN Occupation GOVERNMENT RELATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 28 / 2016  
**Transaction ID : SA11AI.7358**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. MR. FRANK M VENUTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address WALDON HILL DRIVE  
 City W. PEABODY State MA Zip Code 01960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 15 / 2016  
**Transaction ID : SA11AI.7448**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. SUDIP VERMA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 EDWARD DR  
 City WINCHESTER State MA Zip Code 01890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALEGEUS TECHNOLOGIES Occupation DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : SA11AI.7442**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 4 EDWARD DR

City WINCHESTER State MA Zip Code 01890

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

Name of Employer ALEGEUS TECHNOLOGIES Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2016  
**Transaction ID : SA11AI.7441**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 5841 TANGLEWOOD DRIVE

City BETHESDA State MD Zip Code 20817

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

Name of Employer FEDERAL REALTY INVESTMENT TRUST Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2016  
**Transaction ID : SA11AI.7357**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. MR. WILLIAM WELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 GREEN STREET

City CANTON State MA Zip Code 02021

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

Name of Employer MINTZ LEVIN Occupation ATTORNEY

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  
 04 / 15 / 2016  
**Transaction ID : SA11AI.7395**

Amount of Each Receipt this Period  
 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Mailing Address 16 TRAILL STREET

City CAMBRIDGE State MA Zip Code 02138

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

Name of Employer HFF LP Occupation REAL ESTATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 06 / 2016

**Transaction ID : SA11AI.7333**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 129 WAUWINET ROAD

City NANTUCKET State MA Zip Code 02554

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 ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2016

**Transaction ID : SA11AI.7341**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	459750.00

**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 29 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
CUMBERLAND FARMS INC POLITICAL ACTION COMMITTEE (CUMBERLAND FARMS PAC)

Mailing Address 100 CROSSING BOULEVARD

City FRAMINGHAM	State MA	Zip Code 01702
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00523225

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : SA11C.7387**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
SUNOVION PHARMACEUTICALS INC. GOOD GOVERNANCE FUND

Mailing Address 84 WATERFORD DRIVE

City MARLBOROUGH	State MA	Zip Code 01752
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00423236

Name of Employer	Occupation
------------------	------------

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
06	/	28	/	2016

**Transaction ID : SA11C.7360**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAROLINE ALCOCK**

Mailing Address 35 MYRTLE ST.  
APT. 1

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : **SB21B.7526**

Amount of Each Disbursement this Period

10222.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAROLINE ALCOCK**

Mailing Address 35 MYRTLE ST.  
APT. 1

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : **SB21B.7527**

Amount of Each Disbursement this Period

5500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAROLINE ALCOCK**

Mailing Address 35 MYRTLE ST.  
APT. 1

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.7528**

Amount of Each Disbursement this Period

5500.00

Memo Item

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

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

21222.67

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMY KELLY PHOTOGRAPHY**

Mailing Address 157 RICE ROAD

City QUINCY State MA Zip Code 02170

Purpose of Disbursement  
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2016

Transaction ID : SB21B.7464

Amount of Each Disbursement this Period

625.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2016

Transaction ID : SB21B.7465

Amount of Each Disbursement this Period

620.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2016

Transaction ID : SB21B.7466

Amount of Each Disbursement this Period

100.00

Memo Item

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

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

1345.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : SB21B.7467

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7468

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7469

Amount of Each Disbursement this Period

340.00

Memo Item

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

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

405.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2016

Transaction ID : SB21B.7470

Amount of Each Disbursement this Period

460.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2016

Transaction ID : SB21B.7471

Amount of Each Disbursement this Period

440.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2016

Transaction ID : SB21B.7472

Amount of Each Disbursement this Period

240.00

Memo Item

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

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

1140.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2016

Transaction ID : **SB21B.7473**

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : **SB21B.7474**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : **SB21B.7475**

Amount of Each Disbursement this Period

800.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : **SB21B.7476**

Amount of Each Disbursement this Period

416.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

Transaction ID : **SB21B.7477**

Amount of Each Disbursement this Period

120.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : **SB21B.7478**

Amount of Each Disbursement this Period

260.00

Memo Item

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

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

796.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2016

Transaction ID : SB21B.7479

Amount of Each Disbursement this Period

200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2016

Transaction ID : SB21B.7480

Amount of Each Disbursement this Period

80.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SB21B.7481

Amount of Each Disbursement this Period

40.00

Memo Item

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

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

320.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SB21B.7482

Amount of Each Disbursement this Period

50.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BACK BAY GARAGE**

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2016

Transaction ID : SB21B.7485

Amount of Each Disbursement this Period

28.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BJ'S WHOLESALE CLUB, INC.**

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2016

Transaction ID : SB21B.7488

Amount of Each Disbursement this Period

467.00

Memo Item

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

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

545.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BJ'S WHOLESALE CLUB, INC.**

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.7489

Amount of Each Disbursement this Period

283.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. BJ'S WHOLESALE CLUB, INC.**

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2016

Transaction ID : SB21B.7490

Amount of Each Disbursement this Period

315.33

Memo Item

Full Name (Last, First, Middle Initial)

**C. BJ'S WHOLESALE CLUB, INC.**

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : SB21B.7491

Amount of Each Disbursement this Period

437.88

Memo Item

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

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

1036.37

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BLT PRIME**

Mailing Address 111 EAST 22ND STREET

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB21B.7493

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON RED SOX BASEBALL CLUB**

Mailing Address 4 YAWKEY WAY

City BOSTON State MA Zip Code 02215

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : SB21B.7499

Amount of Each Disbursement this Period

11400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2016

Transaction ID : SB21B.7500

Amount of Each Disbursement this Period

9.80

Memo Item

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

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

11709.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.7501

Amount of Each Disbursement this Period

10.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7502

Amount of Each Disbursement this Period

8.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7503

Amount of Each Disbursement this Period

6.20

Memo Item

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

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

25.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7504

Amount of Each Disbursement this Period

34.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.7505

Amount of Each Disbursement this Period

7.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2016

Transaction ID : SB21B.7506

Amount of Each Disbursement this Period

7.00

Memo Item

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

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

49.05

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

Transaction ID : **SB21B.7507**

Amount of Each Disbursement this Period

8.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : **SB21B.7508**

Amount of Each Disbursement this Period

15.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

Transaction ID : **SB21B.7509**

Amount of Each Disbursement this Period

8.20

Memo Item

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

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

31.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

Transaction ID : **SB21B.7510**

Amount of Each Disbursement this Period

12.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

Transaction ID : **SB21B.7511**

Amount of Each Disbursement this Period

12.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2016

Transaction ID : **SB21B.7512**

Amount of Each Disbursement this Period

11.80

Memo Item

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

36.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2016

Transaction ID : **SB21B.7513**

Amount of Each Disbursement this Period

12.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : **SB21B.7514**

Amount of Each Disbursement this Period

9.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : **SB21B.7515**

Amount of Each Disbursement this Period

10.60

Memo Item

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

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

32.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2016

Transaction ID : SB21B.7516

Amount of Each Disbursement this Period

10.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2016

Transaction ID : SB21B.7517

Amount of Each Disbursement this Period

11.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City State Zip Code  
LONG ISLAND CITY NY 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2016

Transaction ID : SB21B.7518

Amount of Each Disbursement this Period

22.80

Memo Item

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

44.80

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : **SB21B.7519**

Amount of Each Disbursement this Period

9.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : **SB21B.7520**

Amount of Each Disbursement this Period

31.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **SB21B.7521**

Amount of Each Disbursement this Period

10.20

Memo Item

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

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

50.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SB21B.7522

Amount of Each Disbursement this Period

9.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRICCO RISTORANTE**

Mailing Address 241 HANOVER ST  
UNIT 2

City BOSTON State MA Zip Code 02113

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB21B.7837

Amount of Each Disbursement this Period

1815.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. DORETTA TAVERNA & RAW BAR**

Mailing Address 79 PARK PLAZA

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 19 / 2016

Transaction ID : SB21B.7546

Amount of Each Disbursement this Period

259.80

Memo Item

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

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

269.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID DRUMMOND**

Mailing Address 329 BEACON ST  
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7538**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVID DRUMMOND**

Mailing Address 329 BEACON ST  
UNIT 2

City BOSTON State MA Zip Code 02116

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

/  /

**Transaction ID : SB21B.7539**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVID DRUMMOND**

Mailing Address 329 BEACON ST  
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7540**

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DAVID DRUMMOND**

Mailing Address 329 BEACON ST  
UNIT 2

City BOSTON State MA Zip Code 02116

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

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2016

Transaction ID : SB21B.7541

Amount of Each Disbursement this Period

1920.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVID DRUMMOND**

Mailing Address 329 BEACON ST  
UNIT 2

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2016

Transaction ID : SB21B.7542

Amount of Each Disbursement this Period

105.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVID DRUMMOND**

Mailing Address 329 BEACON ST  
UNIT 2

City BOSTON State MA Zip Code 02116

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

M M M / D D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : SB21B.7543

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7026.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DRY DOCK CAFE**

Mailing Address 7 DRYDOCK AVE  
UNIT 2

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7832

Amount of Each Disbursement this Period

32.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. EASTERN STANDARD RESTAURANT**

Mailing Address 500 COMMONWEALTH AVE

City BOSTON State MA Zip Code 02215

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

Transaction ID : SB21B.7551

Amount of Each Disbursement this Period

116.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. EMD CONSULTING LLC**

Mailing Address 90 LAFAYETTE STREET  
#207

City SALEM State MA Zip Code 01970

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : SB21B.7554

Amount of Each Disbursement this Period

2000.00

Memo Item

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

2116.30

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EMD CONSULTING LLC**

Mailing Address 90 LAFAYETTE STREET  
#207

City SALEM State MA Zip Code 01970

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : SB21B.7555

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. EMD CONSULTING LLC**

Mailing Address 90 LAFAYETTE STREET  
#207

City SALEM State MA Zip Code 01970

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

Transaction ID : SB21B.7556

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
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  
04 / 05 / 2016

Transaction ID : SB21B.7559

Amount of Each Disbursement this Period

17.70

Memo Item

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

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

4017.70

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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

M M M / D D D / Y Y Y Y Y Y  
04 / 12 / 2016

Transaction ID : SB21B.7560

Amount of Each Disbursement this Period

44.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 14 / 2016

Transaction ID : SB21B.7561

Amount of Each Disbursement this Period

57.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2016

Transaction ID : SB21B.7562

Amount of Each Disbursement this Period

7.13

Memo Item

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

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

109.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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

M M M / D D D / Y Y Y Y Y Y  
04 / 20 / 2016

Transaction ID : SB21B.7563

Amount of Each Disbursement this Period

16.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2016

Transaction ID : SB21B.7564

Amount of Each Disbursement this Period

12.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2016

Transaction ID : SB21B.7565

Amount of Each Disbursement this Period

12.46

Memo Item

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

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

41.03

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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  
05 / 02 / 2016

Transaction ID : **SB21B.7566**

Amount of Each Disbursement this Period

41.88

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
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  
05 / 09 / 2016

Transaction ID : **SB21B.7567**

Amount of Each Disbursement this Period

16.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
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  
05 / 09 / 2016

Transaction ID : **SB21B.7568**

Amount of Each Disbursement this Period

16.19

Memo Item

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

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

74.26

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2016

Transaction ID : SB21B.7569

Amount of Each Disbursement this Period

7.13

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2016

Transaction ID : SB21B.7570

Amount of Each Disbursement this Period

12.52

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2016

Transaction ID : SB21B.7571

Amount of Each Disbursement this Period

16.19

Memo Item

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

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

35.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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

/  /

Transaction ID : SB21B.7572

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7573

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7574

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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

/  /

Transaction ID : SB21B.7575

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7576

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
DELIVERY SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB21B.7577

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

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  
06 / 28 / 2016

Transaction ID : SB21B.7578

Amount of Each Disbursement this Period

7.17

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
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  
06 / 29 / 2016

Transaction ID : SB21B.7579

Amount of Each Disbursement this Period

108.58

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOGO DE CHAO**

Mailing Address 14881 QUORUM DRIVE  
UNIT 750

City DALLAS State TX Zip Code 75254

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.7583

Amount of Each Disbursement this Period

531.69

Memo Item

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

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

647.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2016

Transaction ID : SB21B.7584

Amount of Each Disbursement this Period

53.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2016

Transaction ID : SB21B.7585

Amount of Each Disbursement this Period

193.36

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

Transaction ID : SB21B.7586

Amount of Each Disbursement this Period

104.81

Memo Item

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

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

351.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7587

Amount of Each Disbursement this Period

53.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.7588

Amount of Each Disbursement this Period

81.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : SB21B.7589

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

159.34

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : SB21B.7590

Amount of Each Disbursement this Period

71.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2016

Transaction ID : SB21B.7591

Amount of Each Disbursement this Period

99.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.7592

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

195.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.7593

Amount of Each Disbursement this Period

57.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : SB21B.7594

Amount of Each Disbursement this Period

125.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : SB21B.7595

Amount of Each Disbursement this Period

252.79

Memo Item

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

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

436.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : SB21B.7596

Amount of Each Disbursement this Period

32.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FOUR SEASONS**

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : SB21B.7597

Amount of Each Disbursement this Period

139.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. NICK 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  
06 / 29 / 2016

Transaction ID : SB21B.7645

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

2671.70

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GARAGE AT 100 CLARENDON**

Mailing Address 100 CLARENDON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : SB21B.7599

Amount of Each Disbursement this Period

430.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GIULIA**

Mailing Address 1682 MASSACHUSETTS AVE

City CAMBRIDGE State MA Zip Code 02138

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.7602

Amount of Each Disbursement this Period

212.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. HILLSTONE**

Mailing Address 60 STATE ST

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : SB21B.7612

Amount of Each Disbursement this Period

87.76

Memo Item

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

730.01

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HOTEL TONIGHT**

Mailing Address 144 2ND STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
TRAVEL: LODGING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2016

Transaction ID : **SB21B.7840**

Amount of Each Disbursement this Period

411.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. SARAH HUNT**

Mailing Address 412 HALE STREET  
PO BOX 227

City PRIDES CROSSING State MA Zip Code 01965

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2016

Transaction ID : **SB21B.7664**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: 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
04		04		2016

Transaction ID : **SB21B.7615**

Amount of Each Disbursement this Period

35.00
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Memo Item

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

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

2946.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : **SB21B.7616**

Amount of Each Disbursement this Period

958.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : **SB21B.7617**

Amount of Each Disbursement this Period

958.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. LA CAMPANIA**

Mailing Address 504 MAIN STREET

City WALTHAM State MA Zip Code 02452

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

Transaction ID : **SB21B.7620**

Amount of Each Disbursement this Period

377.58

Memo Item

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

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

2293.98

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : **SB21B.7623**

Amount of Each Disbursement this Period

17.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LAZ PARKING, INC.**

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **SB21B.7624**

Amount of Each Disbursement this Period

28.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGAL HARBORSIDE**

Mailing Address 270 NORTHERN AVENUE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2016

Transaction ID : **SB21B.7626**

Amount of Each Disbursement this Period

299.74

Memo Item

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

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

344.74

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LEGAL HARBORSIDE**

Mailing Address 270 NORTHERN AVENUE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : SB21B.7627

Amount of Each Disbursement this Period

46.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. LEGAL SEA FOODS**

Mailing Address 75 MIDDLESEX TURNPIKE

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : SB21B.7629

Amount of Each Disbursement this Period

149.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. MIKES PASTRY INC**

Mailing Address 300 HANOVER ST  
UNIT 2

City BOSTON State MA Zip Code 02113

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7834

Amount of Each Disbursement this Period

15.00

Memo Item

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

195.52

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

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

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2016

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7639**

Amount of Each Disbursement this Period: 216.55

Memo Item

Full Name (Last, First, Middle Initial)  
**B. TIM O'LEARY**

Date of Disbursement: MM / DD / YYYY  
06 / 29 / 2016

Mailing Address 22 BURNHAM RD

City WENHAM State MA Zip Code 01984

Purpose of Disbursement: FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7839**

Amount of Each Disbursement this Period: 1250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. O.DAN'S RESTAURANT**

Date of Disbursement: MM / DD / YYYY  
06 / 13 / 2016

Mailing Address 46 SEBAGO ROAD

City SEBAGO State ME Zip Code 04029

Purpose of Disbursement: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB21B.7647**

Amount of Each Disbursement this Period: 208.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1675.03

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. OLEANA**

Mailing Address 134 HAMPSHIRE STREET

City CAMBRIDGE State MA Zip Code 02139

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.7649

Amount of Each Disbursement this Period

227.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. POST 390**

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Transaction ID : SB21B.7657

Amount of Each Disbursement this Period

257.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2016

Transaction ID : SB21B.7658

Amount of Each Disbursement this Period

3009.70

Memo Item

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

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

3494.61

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2016

Transaction ID : SB21B.7659

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED CURVE SOLUTIONS**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.7660

Amount of Each Disbursement this Period

3011.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. SALIENT POINT LLC**

Mailing Address P.O. BOX 960743

City BOSTON State MA Zip Code 02196

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : SB21B.7663

Amount of Each Disbursement this Period

450.00

Memo Item

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

6461.43

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7671

Amount of Each Disbursement this Period

49.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : SB21B.7672

Amount of Each Disbursement this Period

18.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB21B.7673

Amount of Each Disbursement this Period

45.27

Memo Item

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

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

113.58



**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.7674**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.7675**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.7676**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL**

Mailing Address P.O. BOX 2463

City HOUSTON State TX Zip Code 77252

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : SB21B.7677

Amount of Each Disbursement this Period

46.31

Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2016

Transaction ID : SB21B.7678

Amount of Each Disbursement this Period

66.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 09 / 2016

Transaction ID : SB21B.7679

Amount of Each Disbursement this Period

57.98

Memo Item

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

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

171.21

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHELL OIL**

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement  
TRAVEL: FUEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : SB21B.7680

Amount of Each Disbursement this Period

73.28

Memo Item

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : SB21B.7686

Amount of Each Disbursement this Period

453.97

Memo Item

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2016

Transaction ID : SB21B.7687

Amount of Each Disbursement this Period

364.77

Memo Item

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

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

892.02

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : **SB21B.7688**

Amount of Each Disbursement this Period

386.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2016

Transaction ID : **SB21B.7689**

Amount of Each Disbursement this Period

520.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : **SB21B.7690**

Amount of Each Disbursement this Period

708.69

Memo Item

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

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

1614.93

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : SB21B.7691

Amount of Each Disbursement this Period

253.23

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2016

Transaction ID : SB21B.7692

Amount of Each Disbursement this Period

482.79

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

Transaction ID : SB21B.7693

Amount of Each Disbursement this Period

239.87

Memo Item

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

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

975.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : SB21B.7694

Amount of Each Disbursement this Period

427.59

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB21B.7695

Amount of Each Disbursement this Period

631.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. STATE ROOM, INC**

Mailing Address 60 STATE STREET, 33RD FLOOR

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : SB21B.7696

Amount of Each Disbursement this Period

19.00

Memo Item

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

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

1078.24

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STATE ROOM, INC**

Mailing Address 60 STATE STREET, 33RD FLOOR

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : SB21B.7697

Amount of Each Disbursement this Period

78.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. STREGA WATERFRONT**

Mailing Address 1 MARINA PARK DRIVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : SB21B.7699

Amount of Each Disbursement this Period

415.61

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIP BY STREGA**

Mailing Address 64 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : SB21B.7702

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

5493.61

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.7706

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7707

Amount of Each Disbursement this Period

28.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7708

Amount of Each Disbursement this Period

34.00

Memo Item

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

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

162.47



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7709

Amount of Each Disbursement this Period

141.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7710

Amount of Each Disbursement this Period

134.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2016

Transaction ID : SB21B.7711

Amount of Each Disbursement this Period

59.22

Memo Item

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

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

335.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TAJ BOSTON**

Mailing Address 15 ARLINGTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : SB21B.7712

Amount of Each Disbursement this Period

111.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAVERN IN THE SQUARE**

Mailing Address 120 BEVERLY ST  
UNIT 2

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7830

Amount of Each Disbursement this Period

134.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE CAPITAL GRILLE**

Mailing Address 10 WAYSIDE RD

City BURLINGTON State MA Zip Code 01803

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : SB21B.7714

Amount of Each Disbursement this Period

322.77

Memo Item

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

434.26

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : SB21B.7717

Amount of Each Disbursement this Period

32.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2016

Transaction ID : SB21B.7718

Amount of Each Disbursement this Period

16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2016

Transaction ID : SB21B.7719

Amount of Each Disbursement this Period

59.22

Memo Item

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

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

107.22

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.7720

Amount of Each Disbursement this Period

59.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7721

Amount of Each Disbursement this Period

16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

Transaction ID : SB21B.7722

Amount of Each Disbursement this Period

34.16

Memo Item

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

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

109.38

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 18 / 2016

Transaction ID : SB21B.7723

Amount of Each Disbursement this Period

54.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

Transaction ID : SB21B.7724

Amount of Each Disbursement this Period

16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.7725

Amount of Each Disbursement this Period

16.00

Memo Item

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

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

86.94

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2016

Transaction ID : SB21B.7726

Amount of Each Disbursement this Period

99.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2016

Transaction ID : SB21B.7727

Amount of Each Disbursement this Period

16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB21B.7728

Amount of Each Disbursement this Period

16.00

Memo Item

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

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

131.39

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB21B.7729

Amount of Each Disbursement this Period

113.09

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : SB21B.7730

Amount of Each Disbursement this Period

57.32

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : SB21B.7731

Amount of Each Disbursement this Period

90.90

Memo Item

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

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

261.31

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2016

Transaction ID : SB21B.7732

Amount of Each Disbursement this Period

62.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2016

Transaction ID : SB21B.7733

Amount of Each Disbursement this Period

16.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : SB21B.7734

Amount of Each Disbursement this Period

134.14

Memo Item

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

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

212.57



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2016

Transaction ID : SB21B.7735

Amount of Each Disbursement this Period

15.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE LANGHAM**

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : SB21B.7736

Amount of Each Disbursement this Period

17.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE LENOX**

Mailing Address 61 EXETER STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2016

Transaction ID : SB21B.7737

Amount of Each Disbursement this Period

104.87

Memo Item

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

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

138.55

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE UNIVERSITY CLUB**

Mailing Address 426 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7741

Amount of Each Disbursement this Period

1783.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE VENETIAN**

Mailing Address 3355 S LAS VEGAS BLVD.

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : SB21B.7743

Amount of Each Disbursement this Period

323.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE VENETIAN**

Mailing Address 3355 S LAS VEGAS BLVD.

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : SB21B.7744

Amount of Each Disbursement this Period

323.68

Memo Item

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

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

2430.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THE VENETIAN**

Mailing Address 3355 S LAS VEGAS BLVD.

City LAS VEGAS State NV Zip Code 89109

Purpose of Disbursement  
FACILITY RENTAL/CATERING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2016

Transaction ID : SB21B.7745

Amount of Each Disbursement this Period

451.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2016

Transaction ID : SB21B.7746

Amount of Each Disbursement this Period

7.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2016

Transaction ID : SB21B.7747

Amount of Each Disbursement this Period

8.96

Memo Item

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

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

467.58

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2016

Transaction ID : **SB21B.7748**

Amount of Each Disbursement this Period

19.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : **SB21B.7749**

Amount of Each Disbursement this Period

5.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2016

Transaction ID : **SB21B.7750**

Amount of Each Disbursement this Period

7.72

Memo Item

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

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

32.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2016

Transaction ID : SB21B.7751

Amount of Each Disbursement this Period

7.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2016

Transaction ID : SB21B.7752

Amount of Each Disbursement this Period

5.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2016

Transaction ID : SB21B.7753

Amount of Each Disbursement this Period

6.61

Memo Item

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

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

20.43

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2016

Transaction ID : **SB21B.7754**

Amount of Each Disbursement this Period

22.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2016

Transaction ID : **SB21B.7755**

Amount of Each Disbursement this Period

33.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : **SB21B.7756**

Amount of Each Disbursement this Period

7.31

Memo Item

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

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

63.07

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.7757

Amount of Each Disbursement this Period

7.98

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.7758

Amount of Each Disbursement this Period

9.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : SB21B.7759

Amount of Each Disbursement this Period

7.65

Memo Item

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

24.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : **SB21B.7760**

Amount of Each Disbursement this Period

8.32

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : **SB21B.7761**

Amount of Each Disbursement this Period

8.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

Transaction ID : **SB21B.7762**

Amount of Each Disbursement this Period

14.70

Memo Item

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

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

31.37



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

Transaction ID : SB21B.7763

Amount of Each Disbursement this Period

22.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

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  
04 / 14 / 2016

Transaction ID : SB21B.7764

Amount of Each Disbursement this Period

23.82

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

Transaction ID : SB21B.7765

Amount of Each Disbursement this Period

24.43

Memo Item

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

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

71.19

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

Transaction ID : **SB21B.7766**

Amount of Each Disbursement this Period

36.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : **SB21B.7767**

Amount of Each Disbursement this Period

8.06

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : **SB21B.7768**

Amount of Each Disbursement this Period

20.14

Memo Item

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

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

64.85

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

Transaction ID : SB21B.7835

Amount of Each Disbursement this Period

53.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : SB21B.7769

Amount of Each Disbursement this Period

7.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : SB21B.7770

Amount of Each Disbursement this Period

10.17

Memo Item

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

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

18.13

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2016

Transaction ID : SB21B.7771

Amount of Each Disbursement this Period

10.77

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7772

Amount of Each Disbursement this Period

5.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2016

Transaction ID : SB21B.7773

Amount of Each Disbursement this Period

8.21

Memo Item

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

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

24.13

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

Transaction ID : SB21B.7774

Amount of Each Disbursement this Period

65.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

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  
04 / 28 / 2016

Transaction ID : SB21B.7775

Amount of Each Disbursement this Period

15.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 29 / 2016

Transaction ID : SB21B.7776

Amount of Each Disbursement this Period

7.30

Memo Item

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

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

88.56

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2016

Transaction ID : SB21B.7777

Amount of Each Disbursement this Period

7.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2016

Transaction ID : SB21B.7778

Amount of Each Disbursement this Period

8.48

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

Transaction ID : SB21B.7779

Amount of Each Disbursement this Period

8.42

Memo Item

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

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

24.46

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

Transaction ID : **SB21B.7780**

Amount of Each Disbursement this Period

8.82

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2016

Transaction ID : **SB21B.7781**

Amount of Each Disbursement this Period

20.04

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : **SB21B.7782**

Amount of Each Disbursement this Period

5.15

Memo Item

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

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

34.01

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : **SB21B.7783**

Amount of Each Disbursement this Period

9.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2016

Transaction ID : **SB21B.7784**

Amount of Each Disbursement this Period

19.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

Transaction ID : **SB21B.7785**

Amount of Each Disbursement this Period

8.24

Memo Item

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

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

37.04



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2016

Transaction ID : SB21B.7838

Amount of Each Disbursement this Period

104.86

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.7786

Amount of Each Disbursement this Period

7.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : SB21B.7787

Amount of Each Disbursement this Period

8.17

Memo Item

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

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

15.41

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : **SB21B.7788**

Amount of Each Disbursement this Period

6.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2016

Transaction ID : **SB21B.7789**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2016

Transaction ID : **SB21B.7790**

Amount of Each Disbursement this Period

6.93

Memo Item

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

38.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : SB21B.7791

Amount of Each Disbursement this Period

5.43

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2016

Transaction ID : SB21B.7792

Amount of Each Disbursement this Period

6.89

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

Transaction ID : SB21B.7793

Amount of Each Disbursement this Period

7.70

Memo Item

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

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

20.02

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2016

Transaction ID : SB21B.7794

Amount of Each Disbursement this Period

8.06

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : SB21B.7795

Amount of Each Disbursement this Period

9.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 26 / 2016

Transaction ID : SB21B.7796

Amount of Each Disbursement this Period

9.37

Memo Item

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

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

26.48

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2016

Transaction ID : SB21B.7797

Amount of Each Disbursement this Period

48.13

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2016

Transaction ID : SB21B.7798

Amount of Each Disbursement this Period

6.15

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: TRAVEL: TAXI

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

Transaction ID : SB21B.7828

Amount of Each Disbursement this Period

105.81

Memo Item

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

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

54.28

**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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

Transaction ID : SB21B.7799

Amount of Each Disbursement this Period

56.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

Transaction ID : SB21B.7800

Amount of Each Disbursement this Period

7.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2016

Transaction ID : SB21B.7801

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

68.31

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2016

**Transaction ID : SB21B.7802**

Amount of Each Disbursement this Period

9.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

**Transaction ID : SB21B.7803**

Amount of Each Disbursement this Period

6.71

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

**Transaction ID : SB21B.7804**

Amount of Each Disbursement this Period

7.42

Memo Item

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

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

23.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.7805**

Amount of Each Disbursement this Period

7.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **SB21B.7806**

Amount of Each Disbursement this Period

7.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
MOBILE PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2016

Transaction ID : **SB21B.7808**

Amount of Each Disbursement this Period

632.09

Memo Item

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

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

647.13



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
MOBILE PHONE EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : **SB21B.7809**

Amount of Each Disbursement this Period

742.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2016

Transaction ID : **SB21B.7810**

Amount of Each Disbursement this Period

166.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2016

Transaction ID : **SB21B.7811**

Amount of Each Disbursement this Period

34.00

Memo Item

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

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

942.71

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2016

Transaction ID : SB21B.7812

Amount of Each Disbursement this Period

28.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

Transaction ID : SB21B.7813

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2016

Transaction ID : SB21B.7814

Amount of Each Disbursement this Period

10.00

Memo Item

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

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

78.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2016

Transaction ID : SB21B.7815

Amount of Each Disbursement this Period

34.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : SB21B.7816

Amount of Each Disbursement this Period

28.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2016

Transaction ID : SB21B.7817

Amount of Each Disbursement this Period

34.00

Memo Item

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

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

96.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2016

**Transaction ID : SB21B.7818**

Amount of Each Disbursement this Period

28.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2016

**Transaction ID : SB21B.7819**

Amount of Each Disbursement this Period

34.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2016

**Transaction ID : SB21B.7820**

Amount of Each Disbursement this Period

34.00

Memo Item

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

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

96.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : SB21B.7821

Amount of Each Disbursement this Period

28.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VPNE PARKING**

Mailing Address 12 DRYDOCK AVE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

Transaction ID : SB21B.7822

Amount of Each Disbursement this Period

40.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINSTON FLOWERS**

Mailing Address 160 SOUTHAMPTON ST

City BOSTON State MA Zip Code 02118

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  
04 / 11 / 2016

Transaction ID : SB21B.7826

Amount of Each Disbursement this Period

203.44

Memo Item

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

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

271.44

110703.71

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

## A. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President  
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
0	4			2	5			2	0	1	6		

Transaction ID : SB22.7634

Amount of Each Disbursement this Period

9	6	8	5	7	.	3	9
---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

## B. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President  
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
0	5			2	4			2	0	1	6		

Transaction ID : SB22.7635

Amount of Each Disbursement this Period

6	6	8	5	2	.	6	5
---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

## C. MASSACHUSETTS REPUBLICAN PARTY

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President  
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
0	6			2	9			2	0	1	6		

Transaction ID : SB22.7636

Amount of Each Disbursement this Period

9	6	2	7	5	.	9	7
---	---	---	---	---	---	---	---

Memo Item

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

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

2	5	9	9	8	.	0	1
---	---	---	---	---	---	---	---

9	6	2	7	5	.	9	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 type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MASSACHUSETTS VICTORY COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2016

Transaction ID : SB22.7661

Amount of Each Disbursement this Period

34958.21

Memo Item

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

Transaction ID : SB22.7662

Amount of Each Disbursement this Period

87811.50

Memo Item

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

Memo Item

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

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

122769.71

382755.72