

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 ▼** C00549782 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYY in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 04 / 2014 in the State of MA

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

10 / 16 / 2014 through 11 / 24 / 2014

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 MM / DD / YYYY

12 / 04 / 2014

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**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="2014"/> | <input type="text" value="34408.74"/> | <input type="text" value="34408.74"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="145369.04"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="460103.65"/> | <input type="text" value="1708069.70"/> |
| (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="605472.69"/> | <input type="text" value="1742478.44"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="549170.92"/> | <input type="text" value="1686176.67"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="56301.77"/> | <input type="text" value="56301.77"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 430000.00 | 1676450.00 |
| (ii) Unitemized | 100.00 | 510.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 430100.00 | 1676960.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 30000.00 | 31000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 460100.00 | 1707960.00 |
| 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)..... | 3.65 | 109.70 |
| 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))..... ▶ | 460103.65 | 1708069.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 460103.65 | 1708069.70 |

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 | 87019.53 | 345487.41 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 87019.53 | 345487.41 |
| 22. Transfers to Affiliated/Other Party Committees..... | 442151.39 | 1310689.26 |
| 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 | 20000.00 | 30000.00 |
| (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))..... | 20000.00 | 30000.00 |
| 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)) .. | 549170.92 | 1686176.67 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 549170.92 | 1686176.67 |

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) | 460100.00 | 1707960.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 20000.00 | 30000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 440100.00 | 1677960.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 87019.53 | 345487.41 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 3.65 | 109.70 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 87015.88 | 345377.71 |

**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 51 |
| | (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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. MR. KARIM BENALI | | Date of Receipt |
| Mailing Address 6 BLUE HERON LANE | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| MANCHESTER | MA | 01944 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.5067 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| ABIOMED | CHIEF MEDICAL OFFICER | <input type="text" value="1200.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1200.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. THOMAS BERK | | Date of Receipt |
| Mailing Address 34 MAYFLOWER LANE | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| DUXBURY | MA | 02332 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.5126 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| BROWN BROTHERS HARRIMAN | PARTNER | <input type="text" value="5000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="5000.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MARK BERTOLINI | | Date of Receipt |
| Mailing Address 14 WEST HILL | | <input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WEST HARFORD | CT | 06119 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.5105 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| AETNA | EXECUTIVE | <input type="text" value="2500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2500.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="8700.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 51 |
| | <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. MICHAEL BLOOMBERG
Full Name (Last, First, Middle Initial)

Mailing Address 909 3RD AVENUE

City NEW YORK State NY Zip Code 10022

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

Name of Employer BLOOMBERG LP Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 42400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period
 42400.00

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

Mailing Address 6 CHARLOTTE HILL DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

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

Name of Employer LEERINK SWANN INC. Occupation BANKER

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
 10 / 19 / 2014

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 15410 HOLLY TRAIL LANE

City DAVIDSON State NC Zip Code 28036

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

Name of Employer PRINCIPAL Occupation PCG

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
 10 / 27 / 2014

Transaction ID : SA11AI.5094

Amount of Each Receipt this Period
 5000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 52400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

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

Mailing Address 46 RIVER ROAD

City WESTON State MA Zip Code 02493

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

Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.5045

Amount of Each Receipt this Period
10000.00

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

Mailing Address 170 BEACH ROAD UNIT #17

City SALISBURY State MA Zip Code 01952

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2014

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period
5000.00

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

Mailing Address 170 BEACH ROAD UNIT #17

City SALISBURY State MA Zip Code 01952

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period
10000.00

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 25000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 51 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. WILLIAM CASAZZA | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 27 / 2014 Transaction ID : SA11AI.5096 |
| Mailing Address 229 COLD SPRING ROAD | | Amount of Each Receipt this Period 1000.00 |
| City AVON State CT Zip Code 06001 | FEC ID number of contributing federal political committee. C | |
| Name of Employer AETNA Occupation EXECUTIVE | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. MR. CHARLES F DAHER JR. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2014 Transaction ID : SA11AI.5090 |
| Mailing Address 1 AVERY ST. 27B | | Amount of Each Receipt this Period 1000.00 |
| City BOSTON State MA Zip Code 02111 | FEC ID number of contributing federal political committee. C | |
| Name of Employer COMMONWEALTH MOTORS Occupation OWNER | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. MS. NANCY M DAVIS | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2014 Transaction ID : SA11AI.5088 |
| Mailing Address 520 HARRISON AVENUE #501 | | Amount of Each Receipt this Period 25000.00 |
| City BOSTON State MA Zip Code 02118 | FEC ID number of contributing federal political committee. C | |
| Name of Employer HOMEMAKER Occupation HOMEMAKER | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 25000.00 |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 27000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MR. DOUGLAS A DONAHUE JR. | | Date of Receipt |
| Mailing Address 580 MAIN STREET | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City State Zip Code NORWELL MA 02061 | | Transaction ID : SA11AI.5049 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Name of Employer BROWN BROTHERS HARRIMAN | Occupation FINANCE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MR. JOHN K ESLER JR. | | Date of Receipt |
| Mailing Address 10 POINT WAY | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City State Zip Code SUTTON MA 01590 | | Transaction ID : SA11AI.5116 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="15000.00"/> |
| Name of Employer RENEWAL BY ANDERSON | Occupation OWNER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="15000.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. MR. BRUCE R EVANS | | Date of Receipt |
| Mailing Address 7 COMMONWEALTH AVE | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City State Zip Code BOSTON MA 02116 | | Transaction ID : SA11AI.5113 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="25000.00"/> |
| Name of Employer SUMMIT PARTNERS | Occupation VENTURE CAPITAL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="25000.00"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="45000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 51 |
| | <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 HANDLER
Full Name (Last, First, Middle Initial)

Mailing Address 619 BEACON STREET

City NEWTON State MA Zip Code 02459

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

Name of Employer CORINDUS VASCULAR ROBOTICS Occupation PRESIDENT AND CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 20 / 2014
Transaction ID : SA11AI.5043

Amount of Each Receipt this Period 500.00

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

Mailing Address 100 BEACON STREET #9B

City BOSTON State MA Zip Code 02116

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

Name of Employer GREYLOCK Occupation VENTURE CAPITAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 19 / 2014
Transaction ID : SA11AI.5039

Amount of Each Receipt this Period 25000.00

C. RICHARD JAMES HENKEN
Full Name (Last, First, Middle Initial)

Mailing Address 3 PARTRIDGE HILL ROAD

City DOVER State MA Zip Code 02030

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

Name of Employer SCHOCHET COMPANIES Occupation REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 20 / 2014
Transaction ID : SA11AI.5047

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 28000.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 51 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MR. BENJAMIN HOWE | | Date of Receipt |
| Mailing Address 5 BROOKFIELD ROAD | | <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City State Zip Code WELLESLEY MA 02481 | | Transaction ID : SA11AI.5035 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="20000.00"/> |
| Name of Employer AGC PARTNERS | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="20000.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MR. MICHAEL G HOWLEY | | Date of Receipt |
| Mailing Address 29 TOPSFIELD ROAD | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City State Zip Code BOXFORD MA 01921 | | Transaction ID : SA11AI.5063 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="1500.00"/> |
| Name of Employer ABIOMED | Occupation VP, SALES | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. MR. ALBERT J KANEB | | Date of Receipt |
| Mailing Address 2 NEWTON EXECUTIVE PARK, STE. 302 | | <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City State Zip Code NEWTON MA 02462 | | Transaction ID : SA11AI.5092 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="10000.00"/> |
| Name of Employer BARNSTABLE BROADCASTING INC. | Occupation CHAIRMAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="10000.00"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="31500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 51 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. FRANK LAUKIEN | | Date of Receipt |
| Mailing Address 294 COMMONWEALTH AVE | | <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| BOSTON | MA | 02115 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.5083 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| BRUKER CORP | EXECUTIVE | <input type="text" value="500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MR. JEFF LEERINK | | Date of Receipt |
| Mailing Address 90 SARGENT ROAD | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| BROOKLINE | MA | 02445 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.5061 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| LEERINK PARTNERS | CHAIRMAN & CEO | <input type="text" value="15000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="15000.00"/> | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MR. PAUL R LOHNES | | Date of Receipt |
| Mailing Address 75 CAMBRIDGE PARKWAY, SUITE 100 | | <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| CAMBRIDGE | MA | 02142 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.5100 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| LAVERTY LOHNES PROPERTIES | REAL ESTATE | <input type="text" value="10000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="10000.00"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="25500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. MR. ROBERT ALLEN MAGINN JR. | | Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014 |
| Mailing Address 171 MARSH STREET | | Transaction ID : SA11AI.5033 |
| City BELMONT | State MA | Zip Code 02178 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 10000.00 | |
| Name of Employer JENZABAR, INC. | Occupation PRESIDENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. ROBERT MATTHEWS | | Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014 |
| Mailing Address 776 BOYLSTON ST., #E09G | | Transaction ID : SA11AI.5079 |
| City BOSTON | State MA | Zip Code 02199 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer CITIZENS FINANCIAL GROUP, INC. | Occupation EXECUTIVE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. MS. MARGARET M MCCARTHY | | Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2014 |
| Mailing Address PO BOX 641 | | Transaction ID : SA11AI.5130 |
| City CHATHAM | State MA | Zip Code 02633 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer AETNA | Occupation EXECUTIVE VICE PRESIDENT TECHNOLOG | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 51 |
| | <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. FRANK MCCOURT
Full Name (Last, First, Middle Initial)

Mailing Address 9420 WILSHIRE BLVD STE 300

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| BEVERLY HILLS | CA | 90212-4196 |

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

| | |
|------------------|-------------------------|
| Name of Employer | Occupation |
| MCCOURT GLOBAL | REAL ESTATE DEVELOPMENT |

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 |
| 10 | / | 30 | / | 2014 |

Transaction ID : SA11AI.5109

Amount of Each Receipt this Period
20000.00

B. MR. DANIEL R MCDONALD
Full Name (Last, First, Middle Initial)

Mailing Address 70 CANAVAN DRIVE

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| BRAINTREE | MA | 02184 |

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

| | |
|-------------------|-------------------|
| Name of Employer | Occupation |
| CANTOR FITZGERALD | MANAGING DIRECTOR |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 27 | / | 2014 |

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period
10000.00

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

Mailing Address 63 ATLANTIC AVE #7E

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| BOSTON | MA | 02110 |

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

| | |
|------------------|-------------------|
| Name of Employer | Occupation |
| FIFTH GENERATION | MANAGING DIRECTOR |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 25 | / | 2014 |

Transaction ID : SA11AI.5086

Amount of Each Receipt this Period
10000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 40000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 51 |
| | <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. STEPHEN C MCEVOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 DAY SCHOOL LANE
 City BELMONT State MA Zip Code 02478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABIMED, INC. Occupation ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : SA11AI.5065
 Amount of Each Receipt this Period **1000.00**

B. MR. IAN MCLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 DELEHANTY DRIVE
 City TEWKSBURY State MA Zip Code 01876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABIMED INC. Occupation CORPORATE CONTROLLER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : SA11AI.5073
 Amount of Each Receipt this Period **500.00**

C. MR. MICHAEL R MINOGUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 VERANDA CIRCLE
 City HAMILTON State MA Zip Code 01982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABIMED INC Occupation CHAIRMAN & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **10 / 22 / 2014**
Transaction ID : SA11AI.5075
 Amount of Each Receipt this Period **1500.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. A. PETER MONACO JR. | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2014 |
| Mailing Address 311 MARLBOROUGH STREET | | Transaction ID : SA11AI.5038 |
| City BOSTON | State MA | Zip Code 02116 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 5000.00 | |
| Name of Employer RAPTOR GROUP | Occupation MANAGING DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 25000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. MR. FREDERICK MUZI | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2014 |
| Mailing Address 10 POWISSET ST | | Transaction ID : SA11AI.5059 |
| City DOVER | State MA | Zip Code 02030 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 10000.00 | |
| Name of Employer RETIRED | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. MR. PETER M NICHOLAS | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014 |
| Mailing Address PO BOX 1558 | | Transaction ID : SA11AI.5118 |
| City BOCA GRANDE | State FL | Zip Code 33921 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 10000.00 | |
| Name of Employer RETIRED | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 25000.00 |
| 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 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. MS. RUTH L NICHOLAS | | Date of Receipt |
| Mailing Address PO BOX 1558 | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| BOCA GRANDE | FL | 33921 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.5120 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="10000.00"/> |
| Name of Employer | Occupation | |
| RETIRED | RETIRED | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="10000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MR. ANASTASIOS PARAFESTAS | | Date of Receipt |
| Mailing Address 29 WESTWOOD DRIVE | | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WORCESTER | MA | 01609 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.5103 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="2500.00"/> |
| Name of Employer | Occupation | |
| THE BOLLARD GROUP LLC | MANAGING MEMBER | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="12500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MR. HAROLD L PAZ | | Date of Receipt |
| Mailing Address 68 PROSPECT STREET | | <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| GUILFORD | CT | 06437 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.5132 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="2500.00"/> |
| Name of Employer | Occupation | |
| AETNA | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="2500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="15000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. MATTHEW PLANO | | Date of Receipt |
| Mailing Address 128 GLEASON ROAD | | <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| READING | MA | 01867 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.5029 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> |
| Name of Employer | Occupation | |
| ABIOMED | VP MANUFACTURING | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MR. ROBERT L POWERS | | Date of Receipt |
| Mailing Address 11 GRAYSTONE LANE | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WESTON | MA | 02493 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.5053 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> |
| Name of Employer | Occupation | |
| ABIOMED | CFO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MS. DOROTHY PUHY | | Date of Receipt |
| Mailing Address 49 FIELDSTONE FARM ROAD | | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| SUDBURY | MA | 01776 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.5051 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | |
| DANA FARBER CANCER INSTITUTE | EVP/COO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="2500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 51 |
| | <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. DANIEL QUIRK
Full Name (Last, First, Middle Initial)

Mailing Address 50 BEACON STREET

City CHESTNUT HILL State MA Zip Code 02467

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

Name of Employer QUIRK AUTO Occupation AUTO DEALER

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
 10 / 19 / 2014

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period
10000.00

B. MR. DANIEL H RAESS
Full Name (Last, First, Middle Initial)

Mailing Address 85 STANTON CIRCLE

City BOXFORD State MA Zip Code 01921

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

Name of Employer ABIOMED INC. Occupation PHYSICIAN MEDICAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period
1000.00

C. MR. KEVIN ROLLINS
Full Name (Last, First, Middle Initial)

Mailing Address 192 CLAYBROOK ROAD

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 ▼
42400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.5102

Amount of Each Receipt this Period
42400.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 53400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 51 |
| | <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. FRANCIS S SOISTMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14925 FINEGAN FARM DRIVE
 City DARNESTOWN State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AETNA Occupation EXECUTIVE
 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
 11 / 14 / 2014
Transaction ID : SA11AI.5128
 Amount of Each Receipt this Period
 1500.00

B. MR. WILLIAM H SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 THISTLE ROAD
 City NORTH ANDOVER State MA Zip Code 01045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOB HEALTHCARE MANAGEMENT SERVICES Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11AI.5057
 Amount of Each Receipt this Period
 2000.00

C. CHRISTOPHER WALTON
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 7326
 City FITCHBURG State MA Zip Code 01420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation LAWYER
 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
 10 / 24 / 2014
Transaction ID : SA11AI.5085
 Amount of Each Receipt this Period
 5000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 8500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 51 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | | |
|---|-------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial) A. MR. DAVID M WEBER | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014 |
| Mailing Address 9 HANSON ROAD | | | Transaction ID : SA11AI.5069 |
| City ANDOVER | State MA | Zip Code 01810 | Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer ABIOMED | Occupation COO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|---|--------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial) B. DAVID C. WEINSTEIN | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014 |
| Mailing Address 158 COTTON STREET | | | Transaction ID : SA11AI.5037 |
| City NEWTON | State MA | Zip Code 02158 | Amount of Each Receipt this Period 15000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF | Occupation LAWYER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 22500.00 | | |

| | | | |
|---|-------------------------------------|-------------------|--|
| Full Name (Last, First, Middle Initial) C. MICHAEL WHITE | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 |
| Mailing Address P.O. BOX 5010 | | | Transaction ID : SA11AI.5107 |
| City MONROE | State CT | Zip Code 06468 | Amount of Each Receipt this Period 5000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer DIRECTV | Occupation BUSINESS EXECUTIVE | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 23 OF 51 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH M ZUBRETSKY

Mailing Address 357 RIVER ROAD

| | | |
|--------------------|-------------|-------------------|
| City DEEP RIVER | State CT | Zip Code 06417 |
|--------------------|-------------|-------------------|

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

| | |
|---------------------------|-------------------------|
| Name of Employer AETNA | Occupation EXECUTIVE |
|---------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11AI.5111

Amount of Each Receipt this Period
2500.00

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| TOTAL This Period (last page this line number only).....▶ | 430000.00 |

**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 24 OF 51 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

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

Mailing Address 22 CHERRY HILL DRIVE

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| DANVERS | MA | 01923 |

FEC ID number of contributing federal political committee. **C** C00426445

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | / | 22 | / | 2014 |

Transaction ID : SA11C.5077

Amount of Each Receipt this Period
7500.00

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

Mailing Address 20 F STREET, N.W.
SUITE 350

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20001 |

FEC ID number of contributing federal political committee. **C** C00181826

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

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 |
| 10 | / | 31 | / | 2014 |

Transaction ID : SA11C.5124

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. ALVAREZ & MARSAL HOLDINGS, LLC PAC

Mailing Address 555 THIRTEENTH STREET, NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20004 |

FEC ID number of contributing federal political committee. **C** C00489948

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

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 |
| 11 | / | 19 | / | 2014 |

Transaction ID : SA11C.5140

Amount of Each Receipt this Period
1500.00

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 14000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 25 OF 51 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

| | | |
|---|----------|---|
| Full Name (Last, First, Middle Initial) A. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC) | | Date of Receipt |
| Mailing Address 208 S. AKARD STREET SUITE 2701 | | <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City DALLAS | State TX | Zip Code 75202 |
| FEC ID number of contributing federal political committee. C C00109017 | | Transaction ID : SA11C.5122 |
| Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period |
| Aggregate Year-to-Date ▼ | | <input type="text" value="1000.00"/> |
| <input type="text" value="1000.00"/> | | |

| | | |
|---|----------|---|
| Full Name (Last, First, Middle Initial) B. BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE | | Date of Receipt |
| Mailing Address 2202 N. WESTSHORE BLVD. 5TH FLOOR | | <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City TAMPA | State FL | Zip Code 33607 |
| FEC ID number of contributing federal political committee. C C00253153 | | Transaction ID : SA11C.5138 |
| Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period |
| Aggregate Year-to-Date ▼ | | <input type="text" value="5000.00"/> |
| <input type="text" value="5000.00"/> | | |

| | | |
|---|----------|---|
| Full Name (Last, First, Middle Initial) C. EMD SERONO, INC. POLITICAL ACTION COMMITTEE | | Date of Receipt |
| Mailing Address ONE TECHNOLOGY PLACE | | <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City ROCKLAND | State MA | Zip Code 02370 |
| FEC ID number of contributing federal political committee. C C00258236 | | Transaction ID : SA11C.5134 |
| Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period |
| Aggregate Year-to-Date ▼ | | <input type="text" value="5000.00"/> |
| <input type="text" value="5000.00"/> | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="11000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 26 OF 51 |
| <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)
VERTEX PHARMACEUTICALS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET NW, SUITE 1125

| | | |
|--------------------|-------------|-------------------|
| City WASHINGTON | State DC | Zip Code 20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00468660

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 14 | / | 2014 |

Transaction ID : SA11C.5136

Amount of Each Receipt this Period
5000.00

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 30000.00 |

**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. A-Z AUTO CENTER

Mailing Address 1550 COMMONWEALTH AVENUE

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.5146

Amount of Each Disbursement this Period

42.37

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

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
11 / 03 / 2014

Transaction ID : SB21B.5147

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 200 VESEY STREET

City NEW YORK State NY Zip Code 10080

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
11 / 05 / 2014

Transaction ID : SB21B.5148

Amount of Each Disbursement this Period

4652.11

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

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

4702.43

**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. BCM CONSULTING

Mailing Address 26 ORCHARD DRIVE

City NORTH READING State MA Zip Code 01864

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.5151

Amount of Each Disbursement this Period

500.00

B. BJ'S WHOLESALE CLUB, INC.

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.5152

Amount of Each Disbursement this Period

410.04

C. BJ'S WHOLESALE CLUB, INC.

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.5153

Amount of Each Disbursement this Period

473.98

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

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

1384.02

**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. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City State Zip Code
LONG ISLAND CITY NY 11101

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.5157

Amount of Each Disbursement this Period

29.25

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: GROUND TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.5158

Amount of Each Disbursement this Period

14.80

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.5163

Amount of Each Disbursement this Period

15.00

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

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

59.05

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.5164

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.5165

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.5166

Amount of Each Disbursement this Period

15.00

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

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

40.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. DROPBOX, INC.

Mailing Address 185 BERRY ST
400

City State Zip Code
SAN FRANCISCO CA 94107

Purpose of Disbursement
FILE STORAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 27 / 2014

Transaction ID : SB21B.5170

Amount of Each Disbursement this Period

195.00

Full Name (Last, First, Middle Initial)

B. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BOULEVARD

City State Zip Code
IRVING TX 75039

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 10 / 2014

Transaction ID : SB21B.5171

Amount of Each Disbursement this Period

68.42

Full Name (Last, First, Middle Initial)

C. FUNDRAISE.COM

Mailing Address 205 PORTLAND STREET

City State Zip Code
BOSTON MA 02114

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

/ /
11 / 04 / 2014

Transaction ID : SB21B.5172

Amount of Each Disbursement this Period

7692.70

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

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

7956.12

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. FUNDRAISE.COM

Mailing Address 205 PORTLAND STREET

City BOSTON State MA Zip Code 02114

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
11 / 19 / 2014

Transaction ID : SB21B.5173

Amount of Each Disbursement this Period

4825.00

Full Name (Last, First, Middle Initial)

B. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.5177

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. GULF OIL

Mailing Address 195 MARKET STREET

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.5178

Amount of Each Disbursement this Period

49.56

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

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

4914.56

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. HAWTHORNE BY THE SEA

Mailing Address 153 HUMPHREY ST

City State Zip Code
SWAMPSCOTT MA 01907

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.5183

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. HAWTHORNE BY THE SEA

Mailing Address 153 HUMPHREY ST

City State Zip Code
SWAMPSCOTT MA 01907

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.5184

Amount of Each Disbursement this Period

249.42

Full Name (Last, First, Middle Initial)

C. HESS EXPRESS

Mailing Address 219 CAMBRIDGE STREET

City State Zip Code
ALLSTON MA 02134

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.5185

Amount of Each Disbursement this Period

51.97

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

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

351.39

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. JULES CATERING

Mailing Address 66 SOUTH STREET

City SOMERVILLE State MA Zip Code 02143

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.5189

Amount of Each Disbursement this Period

477.41

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
10 / 29 / 2014

Transaction ID : SB21B.5190

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. LAZ PARKING, INC.

Mailing Address 15 LEWIS STREET

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.5191

Amount of Each Disbursement this Period

39.00

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

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

536.41

**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. 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
11 / 04 / 2014

Transaction ID : SB21B.5192

Amount of Each Disbursement this Period

140.00

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
11 / 13 / 2014

Transaction ID : SB21B.5193

Amount of Each Disbursement this Period

42.00

Full Name (Last, First, Middle Initial)

C. 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
11 / 07 / 2014

Transaction ID : SB21B.5194

Amount of Each Disbursement this Period

90.05

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

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

272.05

**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. LINCOLN TAVERN & RESTAURANT

Mailing Address 425 W BROADWAY

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SB21B.5196

Amount of Each Disbursement this Period

640.16

Full Name (Last, First, Middle Initial)

B. BYRON W LYNN

Mailing Address 206 WINDING RIVER ROAD

City WELLESLEY State MA Zip Code 02482

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 / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : SB21B.5142

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LYNNWAY LIQUORS

Mailing Address 702 LYNNWAY

City LYNN State MA Zip Code 01905

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SB21B.5198

Amount of Each Disbursement this Period

343.87

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

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

1984.03

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. MADAKET CONSULTING, LLC

Mailing Address 100 TRADE CENTER
SUITE G700

City WOBURN State MA Zip Code 01801

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
11 / 07 / 2014

Transaction ID : SB21B.5199

Amount of Each Disbursement this Period

28696.00

Full Name (Last, First, Middle Initial)

B. MERCHANT WAREHOUSE

Mailing Address 1 FEDERAL STREET
2ND FLOOR

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.5203

Amount of Each Disbursement this Period

2932.65

Full Name (Last, First, Middle Initial)

C. NEW ENGLAND SOUP FACTORY

Mailing Address 2-4 BROOKLINE PLACE

City BROOKLINE State MA Zip Code 02445

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
11 / 05 / 2014

Transaction ID : SB21B.5205

Amount of Each Disbursement this Period

109.94

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

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

31738.59

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. NEW ENGLAND SOUP FACTORY

Mailing Address 2-4 BROOKLINE PLACE

City State Zip Code
BROOKLINE MA 02445

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
11 / 16 / 2014

Transaction ID : SB21B.5206

Amount of Each Disbursement this Period

51.57

Full Name (Last, First, Middle Initial)

B. EDWARD A. PALLESCHI

Mailing Address 1 ELLIS ROAD

City State Zip Code
SWAMPSCOTT MA 01907

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
11 / 07 / 2014

Transaction ID : SB21B.5144

Amount of Each Disbursement this Period

5077.34

Full Name (Last, First, Middle Initial)

C. PAPER SOURCE INC.

Mailing Address 410 N. MILWAUKEE AVENUE

City State Zip Code
CHICAGO IL 60654

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
11 / 20 / 2014

Transaction ID : SB21B.5208

Amount of Each Disbursement this Period

149.00

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

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

5277.91

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

Use separate schedule(s) for each category of the Detailed 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. PAPER SOURCE INC.

Mailing Address 410 N. MILWAUKEE AVENUE

City CHICAGO State IL Zip Code 60654

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
11 / 20 / 2014

Transaction ID : **SB21B.5209**

Amount of Each Disbursement this Period

174.14

Category/
Type

Full Name (Last, First, Middle Initial)

B. PAPER SOURCE INC.

Mailing Address 410 N. MILWAUKEE AVENUE

City CHICAGO State IL Zip Code 60654

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
11 / 20 / 2014

Transaction ID : **SB21B.5210**

Amount of Each Disbursement this Period

196.31

Category/
Type

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : **SB21B.5213**

Amount of Each Disbursement this Period

3032.65

Category/
Type

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

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

3403.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB21B.5214

Amount of Each Disbursement this Period

3066.00

Full Name (Last, First, Middle Initial)

B. RENAISSANCE BOSTON WATERFRONT HOTEL

Mailing Address 606 CONGRESS ST

City BOSTON State MA Zip Code 02210

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : SB21B.5216

Amount of Each Disbursement this Period

582.55

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
10 / 20 / 2014

Transaction ID : SB21B.5222

Amount of Each Disbursement this Period

865.66

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

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

4514.21

**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. 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

/ /

Transaction ID : SB21B.5223

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.5224

Amount of Each Disbursement this Period

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

/ /

Transaction ID : SB21B.5225

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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
11 / 05 / 2014

Transaction ID : SB21B.5226

Amount of Each Disbursement this Period

90.07

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
11 / 12 / 2014

Transaction ID : SB21B.5227

Amount of Each Disbursement this Period

91.35

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
11 / 12 / 2014

Transaction ID : SB21B.5228

Amount of Each Disbursement this Period

627.20

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

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

808.62

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2014

Transaction ID : SB21B.5229

Amount of Each Disbursement this Period

2499.00

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : SB21B.5230

Amount of Each Disbursement this Period

38.40

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : SB21B.5231

Amount of Each Disbursement this Period

57.62

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

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

2595.02

**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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 2 | 0 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.5232

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 8 | 8 | . | 4 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. SUNOCO

Mailing Address 1735 MARKET STREET
SUITE LL

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.5234

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 8 | 0 | . | 7 | 0 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. SUNOCO

Mailing Address 1735 MARKET STREET
SUITE LL

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.5235

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 7 | 7 | . | 5 | 3 |
|---|---|---|---|---|

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

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

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

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

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

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.5239

Amount of Each Disbursement this Period

250.12

Full Name (Last, First, Middle Initial)

B. THE FAIRMONT COPLEY PLAZA

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.5241

Amount of Each Disbursement this Period

1355.97

Full Name (Last, First, Middle Initial)

C. THE LANGHAM

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5242

Amount of Each Disbursement this Period

9100.00

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

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

10706.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE LANGHAM

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2014

Transaction ID : SB21B.5243

Amount of Each Disbursement this Period

23.39

Full Name (Last, First, Middle Initial)

B. THE LANGHAM

Mailing Address 250 FRANKLIN STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.5244

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. THE STOCKYARD RESTAURANT

Mailing Address 135 MARKET STREET

City BRIGHTON State MA Zip Code 02135

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
10 / 23 / 2014

Transaction ID : SB21B.5245

Amount of Each Disbursement this Period

1144.60

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

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

1567.99

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 47 HARVARD AVE

City BOSTON State MA Zip Code 02134

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2014

Transaction ID : SB21B.5246

Amount of Each Disbursement this Period

98.00

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address 15505 SAND CANYON AVENUE

City IRVINE State CA Zip Code 92618

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.5247

Amount of Each Disbursement this Period

484.60

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
11 / 03 / 2014

Transaction ID : SB21B.5248

Amount of Each Disbursement this Period

645.87

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

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

1228.47

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. 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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 24 | / | 2014 |

Transaction ID : SB21B.5249

Amount of Each Disbursement this Period

| |
|--------|
| 290.62 |
|--------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

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| 290.62 |
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| 85955.44 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. 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) ▼

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB22.5200

Amount of Each Disbursement this Period

41484.14

Category/
Type

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) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB22.5201

Amount of Each Disbursement this Period

84127.07

Category/
Type

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) ▼

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB22.5202

Amount of Each Disbursement this Period

60994.98

Category/
Type

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

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

186606.19

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

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

FOR LINE NUMBER:
(check only one)

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| <input 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

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB22.5217

Amount of Each Disbursement this Period

60902.20

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

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB22.5218

Amount of Each Disbursement this Period

140444.26

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRANSFER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB22.5219

Amount of Each Disbursement this Period

54198.74

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

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

255545.20

442151.39

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDREW BALSON

Mailing Address 276 HIGHLAND ST

City State Zip Code
NEWTON MA 02465

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 17 | | | 2014 | | | |

Transaction ID : SB28A.5141

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

Full Name (Last, First, Middle Initial)

B. MR. DANIEL R MCDONALD

Mailing Address 70 CANAVAN DRIVE

City State Zip Code
BRAintree MA 02184

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 31 | | | 2014 | | | |

Transaction ID : SB28A.5143

Amount of Each Disbursement this Period

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|----------|
| 10000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | / | D | D | / | Y | Y | Y | Y |
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Amount of Each Disbursement this Period

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

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

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| 20000.00 |
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| 20000.00 |
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