

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11 / 08 / 2016** in the State of **MA**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

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

Signature of Treasurer **CRATE, BRADLEY, T.,** [Electronically Filed] Date **10 / 27 / 2016**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MASSACHUSETTS VICTORY COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		101270.81
(b) Cash on Hand at Beginning of Reporting Period.....	20292.00	
(c) Total Receipts (from Line 19)	56450.00	1138350.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76742.00	1239620.81
7. Total Disbursements (from Line 31).....	13131.93	1176010.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63610.07	63610.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MASSACHUSETTS 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).....	53900.00	1103850.00
(ii) Unitemized	50.00	9600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	53950.00	1113450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	13500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56450.00	1126950.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	11400.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	56450.00	1138350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	56450.00	1138350.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	13131.93	306808.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13131.93	306808.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	866202.74
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	3000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13131.93	1176010.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13131.93	1176010.74

DETAILED SUMMARY PAGE
of Disbursements

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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)	56450.00	1126950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	3000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56450.00	1123950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13131.93	306808.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	11400.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13131.93	295408.00

**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 6 OF 20
<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

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. KESSLER, HOWARD, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 CASA BENDITA
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KESSLER GROUP Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 43400.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11AI.8353
 Amount of Each Receipt this Period 43400.00
 Memo Item

B. LEERINK, JEFF, , MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 SARGENT ROAD
 City BROOKLINE State MA Zip Code 02445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEERINK PARTNERS Occupation (for Individual) CHAIRMAN & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11AI.8354
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. LOPES, EILEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 821 OAK ST
 City N DIGHTON State MA Zip Code 02764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11AI.8352
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. SCHUSTER, ELAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 JUNGLE ROAD
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHILANTHROPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 10 / 10 / 2016
Transaction ID : SA11AI.8346
 Amount of Each Receipt this Period 7500.00
 Memo Item

B. TUTSCH, KAYLA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 821 OAK ST
 City N DIGHTON State MA Zip Code 02764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NEW ENGLAND RECYCLING Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2016
Transaction ID : SA11AI.8350
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	53900.00

**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 8 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLUMBIA PIPELINE GROUP, INC. PAC

Mailing Address 10 G STREET NE
SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00575340

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11C.8356

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. ABE & LOUIE'S

Mailing Address 793 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8359

Amount of Each Disbursement this Period

[REDACTED] 281.93

Memo Item

Full Name (Last, First, Middle Initial)

B. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8360

Amount of Each Disbursement this Period

[REDACTED] 160.00

Memo Item

Full Name (Last, First, Middle Initial)

C. APEX

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8361

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

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

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

[REDACTED] 741.93

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. AUTOMATED SIGNATURE TECHNOLOGY

Mailing Address 112 OAK GROVE ROAD

City STERLING State VA Zip Code 20166

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8365
Amount of Each Disbursement this Period
3220.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BACK BAY GARAGE

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8366
Amount of Each Disbursement this Period
28.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BJ'S WHOLESALE CLUB, INC.

Mailing Address 25 RESEARCH DRIVE

City WESTBOROUGH State MA Zip Code 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8367
Amount of Each Disbursement this Period
485.95

Memo Item

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

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

3733.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.8369

Amount of Each Disbursement this Period

[] 10.60

Memo Item

Full Name (Last, First, Middle Initial)

B. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.8370

Amount of Each Disbursement this Period

[] 16.55

Memo Item

Full Name (Last, First, Middle Initial)

C. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C []

Transaction ID : SB21B.8371

Amount of Each Disbursement this Period

[] 53.60

Memo Item

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

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

[] 80.75

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOSTON TAXI

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8372
Amount of Each Disbursement this Period
10.20

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3875 AIRWAYS
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8375
Amount of Each Disbursement this Period
55.17

Memo Item

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS

Mailing Address 200 BOYLSTON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8378
Amount of Each Disbursement this Period
65.57

Memo Item

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

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

130.94

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial) A. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8379 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GARAGE AT 100 CLARENDON		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 100 CLARENDON STREET		FEC Identification Number C [] Transaction ID : SB21B.8380 Amount of Each Disbursement this Period [] 34.00
City BOSTON	State MA	Zip Code 02116
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LEWIS WHARF		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016
Mailing Address 100 SUMMER STREET		FEC Identification Number C [] Transaction ID : SB21B.8381 Amount of Each Disbursement this Period [] 29.00
City BOSTON	State MA	Zip Code 02110
Purpose of Disbursement PARKING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 97.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8386
Amount of Each Disbursement this Period
28.58

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8387
Amount of Each Disbursement this Period
10.32

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8388
Amount of Each Disbursement this Period
9.29

Memo Item

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

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

48.19

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<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. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8389

Amount of Each Disbursement this Period

7.52

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8390

Amount of Each Disbursement this Period

15.70

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8391

Amount of Each Disbursement this Period

7.70

Memo Item

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

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

30.92

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8392

Amount of Each Disbursement this Period

9.74

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8393

Amount of Each Disbursement this Period

9.74

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8394

Amount of Each Disbursement this Period

18.12

Memo Item

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

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

37.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 568 BRANNAN STREET

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL: TAXI

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8395
Amount of Each Disbursement this Period
7.79

Memo Item

Full Name (Last, First, Middle Initial)

B. MORTON'S THE STEAKHOUSE

Mailing Address 2 SEAPORT LANE

City BOSTON State MA Zip Code 02210

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
10 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8398
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. O'LEARY, TIM, , ,

Mailing Address 22 BURNHAM RD

City WENHAM State MA Zip Code 01984

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : SB21B.8415
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

2757.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

Full Name (Last, First, Middle Initial)

A. PALM RESTAURANT

Mailing Address 1 INTERNATIONAL PLACE

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 04 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8399

Amount of Each Disbursement this Period

98.52

Memo Item

Full Name (Last, First, Middle Initial)

B. POST 390

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 13 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8400

Amount of Each Disbursement this Period

75.46

Memo Item

Full Name (Last, First, Middle Initial)

C. POST 390

Mailing Address 406 STUART STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 19 / 2016

FEC Identification Number

C

Transaction ID : SB21B.8401

Amount of Each Disbursement this Period

73.53

Memo Item

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

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

247.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS VICTORY COMMITTEE

A. RED CURVE SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8402

Amount of Each Disbursement this Period: 3021.65

Memo Item

B. SHELL OIL

Full Name (Last, First, Middle Initial)

Mailing Address 7 HOME DEPOT DRIVE

City PLYMOUTH State MA Zip Code 02360

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8403

Amount of Each Disbursement this Period: 49.02

Memo Item

C. STAPLES

Full Name (Last, First, Middle Initial)

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C

Transaction ID : SB21B.8404

Amount of Each Disbursement this Period: 497.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3568.43

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<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. STREGA WATERFRONT		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 1 MARINA PARK DRIVE		FEC Identification Number C [] Transaction ID : SB21B.8406 Amount of Each Disbursement this Period [] 711.82	
City BOSTON	State MA	Zip Code 02210	Category/ Type []
Purpose of Disbursement CATERING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. THE FAIRMONT COPLEY PLAZA		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016	
Mailing Address 138 JAMES ST		FEC Identification Number C [] Transaction ID : SB21B.8411 Amount of Each Disbursement this Period [] 99.18	
City BOSTON	State MA	Zip Code 02116	Category/ Type []
Purpose of Disbursement MEETING EXPENSE: MEALS		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. THE FAIRMONT COPLEY PLAZA		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 138 JAMES ST		FEC Identification Number C [] Transaction ID : SB21B.8412 Amount of Each Disbursement this Period [] 64.22	
City BOSTON	State MA	Zip Code 02116	Category/ Type []
Purpose of Disbursement MEETING EXPENSE: MEALS		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 875.22
TOTAL This Period (last page this line number only).....▶	[] 12350.23