

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period  /  /  2017 through  /  /  2017

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2017"/>  |                         | 85784.56                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 85784.56                |                                   |
| (c) Total Receipts (from Line 19) .....  | 740179.19               | 740179.19                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 825963.75               | 825963.75                         |
| 7. Total Disbursements (from Line 31).....   | 563454.76               | 563454.76                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 262508.99               | 262508.99                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

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Page 3

Write or Type Committee Name

**MASSACHUSETTS VICTORY COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 03 / 31 / 2017

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 738750.00                     | 738750.00                         |
| (ii) Unitemized .....   | 410.00                        | 410.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 739160.00                     | 739160.00                         |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 1000.00                       | 1000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 740160.00                     | 740160.00                         |
| 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)..... | 19.19                         | 19.19                             |
| 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)).....▶                         | 740179.19                     | 740179.19                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 740179.19                     | 740179.19                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 124603.63                     | 124603.63                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 124603.63                     | 124603.63                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 433451.13                     | 433451.13                         |
| 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 .....                                  | 5400.00                       | 5400.00                           |
| (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)).....                            | 5400.00                       | 5400.00                           |
| 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)) ..      | 563454.76                     | 563454.76                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 563454.76                     | 563454.76                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 740160.00                             | 740160.00                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 5400.00                               | 5400.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 734760.00                             | 734760.00                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 124603.63                             | 124603.63                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 19.19                                 | 19.19                                     |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 124584.44                             | 124584.44                                 |

**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 112   |
| <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. BECK, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 MEMORIAL DR. #10C  
CAMBRIDGE

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>MASSACHUSETTS | State<br>MA | Zip Code<br>02138 |
|-----------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>SPAULDING REHABILITATION HOSPITAL | Occupation (for Individual)<br>PSYCHIATRIST |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 17    | / | 2017        |

**Transaction ID : SA11AI.9316**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 5 BOARDMAN AVENUE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>MANCHESTER | State<br>MA | Zip Code<br>01944 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>DRK | Occupation (for Individual)<br>EXECUTIVE |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 01    | / | 2017        |

**Transaction ID : SA11AI.9264**

Amount of Each Receipt this Period  
5400.00

Memo Item

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

Mailing Address 95 MORSE ROAD

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>NORWOOD | State<br>MA | Zip Code<br>02062 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>BOCH ENTERPRISES | Occupation (for Individual)<br>PRESIDENT & CEO |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
49300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 16    | / | 2017        |

**Transaction ID : SA11AI.9312**

Amount of Each Receipt this Period  
49300.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 55200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 112                |
|   | <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. BONIN, YVETTE, L, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 RALEIGH TAVERN LANE

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>NORTH ANDOVER | State<br>MA | Zip Code<br>01845 |
|-----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 14    |   | 2017        |

**Transaction ID : SA11AI.9281**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B. BREZZANO, DAVID, J, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 193 DUTTON RD

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>SUDBURY | State<br>MA | Zip Code<br>01776 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>DDJ CAPITAL | Occupation (for Individual)<br>INVESTMENTS |
|--|--|

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 |
| 02    |   | 28    |   | 2017        |

**Transaction ID : SA11AI.9304**

Amount of Each Receipt this Period  
20000.00

Memo Item

**C. BRINKER, NANCY, G, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 VIA TORTUGA

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>PALM BEACH | State<br>FL | Zip Code<br>33480 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 28    |   | 2017        |

**Transaction ID : SA11AI.9296**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 112   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. BURD, AMY, LAMPERT, MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 GLEN OAK DR  
 City WAYLAND State MA Zip Code 01778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAMPERT, HAUSLER & RODMAN Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt **02 / 14 / 2017**  
**Transaction ID : SA11AI.9277**  
 Amount of Each Receipt this Period 7500.00  
 Memo Item

**B. CALLAHAN, PATRICK, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 1ST ST  
 City BRIDGEWATER State MA Zip Code 02324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CALLAHAN CONSTRUCTION MANAGERS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 15 / 2017**  
**Transaction ID : SA11AI.9288**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. CALLAHAN, PATRICK, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 80 1ST ST  
 City BRIDGEWATER State MA Zip Code 02324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CALLAHAN CONSTRUCTION MANAGERS Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt **03 / 07 / 2017**  
**Transaction ID : SA11AI.9310**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 17500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 112   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. CAMIOLO, ANDY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 243 DOVER ROAD  
 City WESTWOOD State MA Zip Code 02090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUPERIOR PLUMBING Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2017  
**Transaction ID : SA11AI.9321**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. CAMPBELL, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 PENACOOK PLACE  
 City ANDOVER State MA Zip Code 01852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GILBERT CAMPBELL REAL ESTATE Occupation (for Individual) REAL ESTATE EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2017  
**Transaction ID : SA11AI.9290**  
 Amount of Each Receipt this Period  
 4500.00  
 Memo Item

**C. CAMPBELL, GILBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 381  
 City TYNGSBORO State MA Zip Code 01879  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMPBELL REAL ESTATE Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2017  
**Transaction ID : SA11AI.9294**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 112               |
|   | <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. CAPOLUPO, WAYNE, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) SPS NEW ENGLAND INC. Occupation (for Individual) CHAIRMAN AND CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 15 / 2017  
**Transaction ID : SA11AI.9287**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. CARR, JAMES, L, MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9088  
 City PROVIDENCE State RI Zip Code 02940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) H. CARR AND SONS Occupation (for Individual) PRESIDENT / CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 02 / 28 / 2017  
**Transaction ID : SA11AI.9299**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. CAVALLARO, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 MEADOW NECK RD  
 City E FALMOUTH State MA Zip Code 02536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IFP Occupation (for Individual) FINANCIAL PLANNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 29 / 2017  
**Transaction ID : SA11AI.9328**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 112               |
|   | <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. CORTNER, MICHAEL, L, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 JONAS RD

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>WESTFORD | State<br>MA | Zip Code<br>01886 |
|------------------|-------------|-------------------|

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

|  |                                      |
|--|--------------------------------------|
| Name of Employer (for Individual)<br>EXPRESS ROOFING | Occupation (for Individual)<br>OWNER |
|--|--------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2017        |

**Transaction ID : SA11AI.9276**

Amount of Each Receipt this Period  
13000.00

Memo Item

**B. ENGLISH, EDMOND, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150 BEACON STREET

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>BOSTON | State<br>MA | Zip Code<br>02116 |
|----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>BOBS DISCOUNT FURNITURE | Occupation (for Individual)<br>RETAIL EXECUTIVE |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 20    | / | 2017        |

**Transaction ID : SA11AI.9260**

Amount of Each Receipt this Period  
43400.00

Memo Item

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

Mailing Address 300 BOYLSTON STREET #703

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>BOSTON | State<br>MA | Zip Code<br>02116 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>HORIZON BEVERAGE GROUP | Occupation (for Individual)<br>PRESIDENT |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 24    | / | 2017        |

**Transaction ID : SA11AI.9262**

Amount of Each Receipt this Period  
10000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 66400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 112               |
|   | <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. FALLON, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **ONE MARINA PARK DRIVE**

|                       |                    |                          |
|-----------------------|--------------------|--------------------------|
| City<br><b>BOSTON</b> | State<br><b>MA</b> | Zip Code<br><b>02210</b> |
|-----------------------|--------------------|--------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br><b>THE FALLON COMPANY</b> | Occupation (for Individual)<br><b>REAL ESTATE</b> |
|--|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10000.00**

Date of Receipt  
**01 / 19 / 2017**

**Transaction ID : SA11AI.9253**

Amount of Each Receipt this Period  
**10000.00**

Memo Item

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

Mailing Address **776 BOYLSTON STREET**

|                       |                    |                          |
|-----------------------|--------------------|--------------------------|
| City<br><b>BOSTON</b> | State<br><b>MA</b> | Zip Code<br><b>02119</b> |
|-----------------------|--------------------|--------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br><b>SUFFOLK CONSTRUCTION CO.</b> | Occupation (for Individual)<br><b>CHAIRMAN &amp; CEO</b> |
|--|--|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**43900.00**

Date of Receipt  
**03 / 27 / 2017**

**Transaction ID : SA11AI.9326**

Amount of Each Receipt this Period  
**43900.00**

Memo Item

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

Mailing Address **186 PARK STREET**

|                       |                    |                          |
|-----------------------|--------------------|--------------------------|
| City<br><b>NEWTON</b> | State<br><b>MA</b> | Zip Code<br><b>02458</b> |
|-----------------------|--------------------|--------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br><b>WATER REV, LLC</b> | Occupation (for Individual)<br><b>MANAGING DIRECTOR</b> |
|--|---|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**23000.00**

Date of Receipt  
**02 / 07 / 2017**

**Transaction ID : SA11AI.9265**

Amount of Each Receipt this Period  
**23000.00**

Memo Item

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>76900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                 |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 13 OF 112  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. GILET, WILLIAM, J, MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 SHARON AVENUE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>CHELMSFORD | State<br>MA | Zip Code<br>01863 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>PWC | Occupation (for Individual)<br>PARTNER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2017

**Transaction ID : SA11AI.9279**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. GRAPE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 NEWTON STREET

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>WESTON | State<br>MA | Zip Code<br>02493 |
|----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>BENCHMARK SENIOR LIVING | Occupation (for Individual)<br>CHAIRMAN & CEO |
|--|---|

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  
 03 / 28 / 2017

**Transaction ID : SA11AI.9327**

Amount of Each Receipt this Period  
20000.00

Memo Item

**C. HELGESON, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 FEDERAL ST

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>BOSTON | State<br>MA | Zip Code<br>02110 |
|----------------|-------------|-------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>MERCHANT WAREHOUSE INC | Occupation (for Individual)<br>CEO |
|---|------------------------------------|

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  
 03 / 16 / 2017

**Transaction ID : SA11AI.9315**

Amount of Each Receipt this Period  
20000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 42500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 112               |
|   | <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. HENKEN, GABRIELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 JACK PINE DRIVE  
 City SUDBURY State MA Zip Code 01776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2017  
**Transaction ID : SA11AI.9307**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**B. HENKEN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 JACK PINE DRIVE  
 City SUDBURY State MA Zip Code 01776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCHOCHET ASSOCIATES, INC. Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2017  
**Transaction ID : SA11AI.9306**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**C. HOPKINS, ELISABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 MEMORIAL DR.  
 City CAMBRIDGE State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2017  
**Transaction ID : SA11AI.9317**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 112               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. HYNES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 790 BOYLSTON STREET  
 UNIT 17-H  
 City BOSTON State MA Zip Code 02199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOSTON GLOBAL INVESTORS Occupation (for Individual) RE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt **01 / 19 / 2017**  
**Transaction ID : SA11AI.9254**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item

**B. IARROBINO, JOSEPH, W, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 CRICKET CIRCLE  
 City ANDOVER State MA Zip Code 01810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 14 / 2017**  
**Transaction ID : SA11AI.9274**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. KEAMY, MITCHELL, D, MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 DEVONSHIRE PLACE  
 City ANDOVER State MA Zip Code 01810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEC INC. Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 14 / 2017**  
**Transaction ID : SA11AI.9283**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 12900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 112               |
|   | <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. KENNEDY, KEVIN, W, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 CENTRAL PARK WEST #12C  
 City NEW YORK State NY Zip Code 10028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KCW MANAGEMENT LLC Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 01 / 24 / 2017  
**Transaction ID : SA11AI.9263**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

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

Date of Receipt 01 / 23 / 2017  
**Transaction ID : SA11AI.9261**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. KERSHAW, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 BEACON STREET  
 City BOSTON State MA Zip Code 02108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAMPSHIRE HOUSE CORPORATION Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 03 / 20 / 2017  
**Transaction ID : SA11AI.9319**  
 Amount of Each Receipt this Period 15000.00  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 45000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 112               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. KESSLER, BRIAN, SCOTT, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5826 WINDSOR TERRACE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>BOCA RATON | State<br>FL | Zip Code<br>33496 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

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 |
| 02    | / | 28    | / | 2017        |

**Transaction ID : SA11AI.9298**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 24 DRUID HILL ROAD

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>NEWTON HIGHLANDS | State<br>MA | Zip Code<br>02461 |
|--------------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>KESSLER GROUP | Occupation (for Individual)<br>EXECUTIVE |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 28    | / | 2017        |

**Transaction ID : SA11AI.10525**

Amount of Each Receipt this Period  
10000.00

Memo Item

**C. KESSLER, JENNIFER, SCOTT, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5826 WINDSOR TERRACE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>BOCA RATON | State<br>FL | Zip Code<br>33496 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

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 |
| 02    | / | 28    | / | 2017        |

**Transaction ID : SA11AI.9297**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 20000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

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

FOR LINE NUMBER: PAGE 18 OF 112  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. KLAMAN, MARK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 LORING AVE  
 City SALEM State MA Zip Code 01970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 01 / 20 / 2017  
**Transaction ID : SA11AI.9259**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. KORFF, ROBERT, S, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 DARTMOUTH STREET  
 City NEWTON State MA Zip Code 02465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARK DEVELOPMENT, LLC Occupation (for Individual) PRINCIPAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9286**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. LAMPERT, ALAN, G, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 NORTH RD  
 City CHELMSFORD State MA Zip Code 01824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAMPERT, HAUSLER & RODMAN Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 7500.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9278**  
 Amount of Each Receipt this Period 7500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42500.00  
**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 19 OF 112               |
|   | <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. LAMPERT, CONSTANCE, W, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 GLEN OAK DRIVE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>WAYLAND | State<br>MA | Zip Code<br>01778 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

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 Y |
| 02    |   | 14    |   | 2017        |

**Transaction ID : SA11AI.9284**

Amount of Each Receipt this Period  
7500.00

Memo Item

**B. MAHONEY, SHELAGH, E, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 WESTVIEW ROAD

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>LOWELL | State<br>MA | Zip Code<br>01851 |
|----------------|-------------|-------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>EASTERN SALT CO. | Occupation (for Individual)<br>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 |
| 03    |   | 27    |   | 2017        |

**Transaction ID : SA11AI.9325**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 149 RANDOLPH AVE

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>MILTON | State<br>MA | Zip Code<br>02186 |
|----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>CARLYLE GROUP | Occupation (for Individual)<br>PRVIATE EQUITY |
|--|---|

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 |
| 03    |   | 24    |   | 2017        |

**Transaction ID : SA11AI.9323**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 17500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

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

FOR LINE NUMBER: PAGE 20 OF 112  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARCUS, ANNE, PUNZAK, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 HEATH STREET  
 City BROOKLINE State MA Zip Code 02445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MARCUS PARTNERS Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 43900.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : SA11AI.9314**  
 Amount of Each Receipt this Period 43900.00  
 Memo Item

**B. MARCUS, PAUL, ROBERT, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 260 FRANKLIN STREET SUITE 260  
 City BOSTON State MA Zip Code 02110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE DAVIS COMPANIES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 43900.00

Date of Receipt 03 / 16 / 2017  
**Transaction ID : SA11AI.9313**  
 Amount of Each Receipt this Period 43900.00  
 Memo Item

**C. MCCABE, MARIE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 GRANITEVILLE RD  
 City CHELMSFORD State MA Zip Code 01824  
 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 ▼ 5000.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9269**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92800.00  
**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 112               |
|   | <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. MCCABE, PHILIP, , MR., JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 GRANITEVILLE ROAD

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>CHELMSFORD | State<br>MA | Zip Code<br>01824 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>PMJ INC. | Occupation (for Individual)<br>PRESIDENT |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 14    |   | 2017        |

**Transaction ID : SA11AI.9275**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 78 PORTER RD

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>ANDOVER | State<br>MA | Zip Code<br>01810 |
|-----------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>PAMWAY PARTNERS | Occupation (for Individual)<br>VETERINARIAN |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 20    |   | 2017        |

**Transaction ID : SA11AI.9318**

Amount of Each Receipt this Period  
3000.00

Memo Item

**C. MONACO, A. PETER, , , JR.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 MARLBOROUGH STREET

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>BOSTON | State<br>MA | Zip Code<br>02116 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>RAPTOR GROUP | Occupation (for Individual)<br>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 |
| 03    |   | 07    |   | 2017        |

**Transaction ID : SA11AI.9309**

Amount of Each Receipt this Period  
10000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 18000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 112               |
|   | <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. MUGAR, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 BERKELEY STREET  
13TH FLOOR

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>BOSTON | State<br>MA | Zip Code<br>02116 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>MUGAR ENTEPRISES | Occupation (for Individual)<br>PRESIDENT |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
43900.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 22    |   | 2017        |

**Transaction ID : SA11AI.9320**

Amount of Each Receipt this Period  
43900.00

Memo Item

**B. OURISMAN, MARY, M, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 REGENTS PARK RD

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>PALM BEACH | State<br>FL | Zip Code<br>33480 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 28    |   | 2017        |

**Transaction ID : SA11AI.9295**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. PARAFESTAS, ANASTASIOS, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 WESTWOOD DRIVE

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>WORCESTER | State<br>MA | Zip Code<br>01609 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>THE BOLLARD GROUP LLC | Occupation (for Individual)<br>MANAGING MEMBER |
|--|--|

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 |
| 02    |   | 28    |   | 2017        |

**Transaction ID : SA11AI.9301**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 49900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 112               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. PARKER, RUTH, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O BOX 1477

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>WILLISTON | State<br>VT | Zip Code<br>05495 |
|-------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>MISSISQUOI VALLEY UNION HIGH SCHOOL | Occupation (for Individual)<br>EDUCATOR |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2017        |

**Transaction ID : SA11AI.9268**

Amount of Each Receipt this Period  
9000.00

Memo Item

**B. PARKER, THOMAS, P, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 214 HARTE CIRCLE

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>WILLISTON | State<br>VT | Zip Code<br>05495 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 23    | / | 2017        |

**Transaction ID : SA11AI.9322**

Amount of Each Receipt this Period  
9000.00

Memo Item

**C. PINDER, SUZANNE, P, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 BERKELEY DRIVE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>CHELMSFORD | State<br>MA | Zip Code<br>01824 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RCN METRO | Occupation (for Individual)<br>ADMINISTRATOR |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2017        |

**Transaction ID : SA11AI.9285**

Amount of Each Receipt this Period  
4000.00

Memo Item

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 112               |
|   | <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. QUIRK, MARY JO, , MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 BEACON ST

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>NEWTON | State<br>MA | Zip Code<br>02467 |
|----------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>QUIRK AUTO DELAERS | Occupation (for Individual)<br>QUIRK AUTO DELAERS |
|---|---|

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 |
| 02    |   | 28    |   | 2017        |

**Transaction ID : SA11AI.9300**

Amount of Each Receipt this Period  
10000.00

Memo Item

**B. RIST, DONALD, M, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 COTE DRIVE

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>DOVER | State<br>NH | Zip Code<br>03820 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

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 |
| 02    |   | 14    |   | 2017        |

**Transaction ID : SA11AI.9272**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. RIST, HELEN, M, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 COTE DR

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>DOVER | State<br>NH | Zip Code<br>03820 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>HOMEMAKER | Occupation (for Individual)<br>HOMEMAKER |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 14    |   | 2017        |

**Transaction ID : SA11AI.9267**

Amount of Each Receipt this Period  
5000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 20000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |



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

|   |   |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 OF 112<br>(check only one) |
| <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"/>  | <input type="checkbox"/> 17                         |

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

**A. SANTAGATI, ELIZABETH, A, MS.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 FAIRMOUNT STREET

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>LOWELL | State<br>MA | Zip Code<br>01852 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2017        |

**Transaction ID : SA11AI.9282**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B. SANTAGATI, RICHARD, J, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 MUIRFIELD CIRCLE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>ANDOVER | State<br>MA | Zip Code<br>01810 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2017        |

**Transaction ID : SA11AI.9270**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C. SANTAGATI, RICHARD, J, MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 MUIRFIELD CIRCLE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>ANDOVER | State<br>MA | Zip Code<br>01810 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>RETIRED | Occupation (for Individual)<br>RETIRED |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
8500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2017        |

**Transaction ID : SA11AI.9271**

Amount of Each Receipt this Period  
7000.00

Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 10000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 112               |
|   | <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. SANTAGATI, RICHARD, J, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 MUIRFIELD CIRCLE  
 City ANDOVER State MA Zip Code 01810  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 15500.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9280**  
 Amount of Each Receipt this Period 7000.00  
 Memo Item

**B. SCHUSTER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 WELLS AVENUE  
 City NEWTON State MA Zip Code 02459  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) WINGATE COMPANIES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 10000.00

Date of Receipt 02 / 15 / 2017  
**Transaction ID : SA11AI.9292**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**C. SHAUGHNESSY, MARK, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76 HAWKTREE DR  
 City WESTWOOD State MA Zip Code 02090  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) BOYLE, SHAUGHNESSY & CAMPO, PC Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 25000.00

Date of Receipt 01 / 20 / 2017  
**Transaction ID : SA11AI.9258**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 42000.00  
**TOTAL** This Period (last page this line number only).....

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 112               |
|   | <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. SLOANE, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 STONECREST DRIVE  
 City NEEDHAM State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CENTURY BANK Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 01 / 18 / 2017  
**Transaction ID : SA11AI.9251**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item

**B. SLOANE, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 STONECREST DRIVE  
 City NEEDHAM State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CENTURY BANK Occupation (for Individual) BANKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 02 / 28 / 2017  
**Transaction ID : SA11AI.9305**  
 Amount of Each Receipt this Period 2700.00  
 Memo Item

**C. STEPHENSON, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 CLARK ROAD  
 City BROOKLINE State MA Zip Code 02445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRC COMPANIES, INC. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2017  
**Transaction ID : SA11AI.9289**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5900.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 112               |
|   | <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. TOWNSEND, P, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 PROCTOR ST  
 City MANCHESTER State MA Zip Code 01944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 03 / 07 / 2017  
**Transaction ID : SA11AI.9308**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item

**B. VECCHIONE, LISA, M, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ALLEN ROAD  
 City CHELMSFORD State MA Zip Code 01824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHELMSFORD POP WARNER Occupation (for Individual) SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 02 / 14 / 2017  
**Transaction ID : SA11AI.9273**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item

**C. VERMA, SUDIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 EDWARD DR  
 City WINCHESTER State MA Zip Code 01890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALEGEUS Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5400.00

Date of Receipt 01 / 18 / 2017  
**Transaction ID : SA11AI.9252**  
 Amount of Each Receipt this Period 5400.00  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 18400.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 112               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. VERMA, SUDIP, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 EDWARD DR

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WINCHESTER | State<br>MA | Zip Code<br>01890 |
|--------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>ALEGEUS | Occupation (for Individual)<br>DIRECTOR |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 13    | / | 2017        |

**Transaction ID : SA11AI.9266**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 1 EISENHAURE LANE

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>NORTH READING | State<br>MA | Zip Code<br>01864 |
|-----------------------|-------------|-------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>TRC COMPANIES, INC. | Occupation (for Individual)<br>CHAIRMAN AND CEO |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 17    | / | 2017        |

**Transaction ID : SA11AI.9293**

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Mailing Address 87 HAY MEADOW ROAD

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>NORTH ANDOVER | State<br>MA | Zip Code<br>01845 |
|-----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>TRC | Occupation (for Individual)<br>SENIOR VICE PRESIDENT |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 15    | / | 2017        |

**Transaction ID : SA11AI.9291**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5950.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 738750.00 |

**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 30 OF 112  |
| <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. UNIVERSAL TECHNICAL INSTITUTE INC. PAC (UTIPAC)**

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

Mailing Address 16220 N. SCOTTSDALE ROAD  
SUITE 100

City SCOTTSDALE State AZ Zip Code 85254

FEC ID number of contributing federal political committee. **C** C00497545

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

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  
02 / 28 / 2017

**Transaction ID : SA11C.10490**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1000.00 |

**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  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10440**  
 Amount of Each Disbursement this Period  
 593.27

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  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 04 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10110**  
 Amount of Each Disbursement this Period  
 480.00

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  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10164**  
 Amount of Each Disbursement this Period  
 108.00

Memo Item

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

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

1181.27

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 3 |   | 2 | 0 | 1 | 7 |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.10167  
Amount of Each Disbursement this Period

[REDACTED] 432.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 1 | 7 |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.10178  
Amount of Each Disbursement this Period

[REDACTED] 400.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 3 |   | 2 | 0 | 1 | 7 |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.10215  
Amount of Each Disbursement this Period

[REDACTED] 216.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

[REDACTED] 1048.00

[REDACTED]



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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.10267

Amount of Each Disbursement this Period

[REDACTED] 108.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.10278

Amount of Each Disbursement this Period

[REDACTED] 610.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.10305

Amount of Each Disbursement this Period

[REDACTED] 120.00

Memo Item

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

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

[REDACTED] 838.00

[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 02    |   | 2017      |

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.10353**  
 Amount of Each Disbursement this Period  
 [ ] 108.00

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 09    |   | 2017      |

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.10383**  
 Amount of Each Disbursement this Period  
 [ ] 216.00

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 21    |   | 2017      |

Mailing Address 138 CONANT STREET  
2ND FLOOR

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.10425**  
 Amount of Each Disbursement this Period  
 [ ] 760.00

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

[ ] 1084.00  
 [ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 27    |   | 2017      |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.10444  
Amount of Each Disbursement this Period

[ ] 1756.00

Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. APEX**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 28    |   | 2017      |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.10457  
Amount of Each Disbursement this Period

[ ] 200.00

Candidate Name

Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 30    |   | 2017      |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

C [ ]

Transaction ID : SB21B.10467  
Amount of Each Disbursement this Period

[ ] 808.00

Candidate Name

Category/Type

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

Memo Item

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

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

[ ] 2764.00

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. APEX**

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 1 | 7 |

Mailing Address 138 CONANT STREET  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.10473**  
Amount of Each Disbursement this Period  
[ ] 100.20

Candidate Name

Category/  
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. BACK BAY GARAGE**

Date of Disbursement

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

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.10252**  
Amount of Each Disbursement this Period  
[ ] 28.00

Candidate Name

Category/  
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. BACK BAY GARAGE**

Date of Disbursement

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

Mailing Address 222 BERKELEY ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.10332**  
Amount of Each Disbursement this Period  
[ ] 42.00

Candidate Name

Category/  
Type

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

Memo Item

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

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

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
|     |     |     |     |     |     | 1   | 7   | 0   | 2   |

|     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

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

Use separate schedule(s) for each category of the Detailed 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. BACK BAY GARAGE**

Full Name (Last, First, Middle Initial)

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) ▼

Date of Disbursement: 03 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10436

Amount of Each Disbursement this Period: 42.00

Memo Item

**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: 01 / 30 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10190

Amount of Each Disbursement this Period: 432.91

Memo Item

**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: 03 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10395

Amount of Each Disbursement this Period: 321.72

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 796.63

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2017

FEC Identification Number

C

Transaction ID : SB21B.10437  
Amount of Each Disbursement this Period

8.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2017

FEC Identification Number

C

Transaction ID : SB21B.10438  
Amount of Each Disbursement this Period

12.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2017

FEC Identification Number

C

Transaction ID : SB21B.10468  
Amount of Each Disbursement this Period

11.40

Memo Item

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

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

32.30

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BOSTON TAXI**

Mailing Address 37-03 21ST STREET

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10469  
Amount of Each Disbursement this Period  
11.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRICCO**

Mailing Address 241 HANOVER STREET

City BOSTON State MA Zip Code 02113

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10474  
Amount of Each Disbursement this Period  
372.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITAL GRILLE**

Mailing Address 1000 DARDEN CENTER DRIVE

City ORLANDO State FL Zip Code 32837

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10445  
Amount of Each Disbursement this Period  
1515.19

Memo Item

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

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

1899.43

**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"/> 26 | <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)<br><b>A. CAROLINE ALCOCK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2017   |
| Mailing Address 35 MYRTLE ST.<br>APT. 1   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10254</b><br>Amount of Each Disbursement this Period<br>2000.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CAROLINE ALCOCK</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 21 / 2017   |
| Mailing Address 35 MYRTLE ST.<br>APT. 1   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10426</b><br>Amount of Each Disbursement this Period<br>2000.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CUFFLINKS DEPOT</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2017   |
| Mailing Address 6996 PIAZZA GRANDE AVENUE<br>SUITE 206  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10257</b><br>Amount of Each Disbursement this Period<br>3762.50 |
| City<br>ORLANDO   | State<br>FL  | Zip Code<br>32835  |
| Purpose of Disbursement<br>STAFF MEMENTOS: CUFFLINKS  |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 7762.50 |
| <b>TOTAL</b> 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)<br><b>A. DAVID DRUMMOND</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2017   |  |
| Mailing Address 85 MERRIMAC ST<br>UNIT 2  |  |                   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10370</b><br>Amount of Each Disbursement this Period<br>6017.07 |  |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114 | Memo Item <input type="checkbox"/>   |  |
| Purpose of Disbursement<br>DRUMMOND REIMBURSEMENT: SEE MEMO ENTRIES   |  |                   | Category/Type<br>[REDACTED]  |  |
| Candidate Name  |  |                   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |  |  |
| State: District:  |  |                   |  |  |

|   |  |                   |  |  |
|---|--|-------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AMPHORA CATERING</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2017   |  |
| Mailing Address 1141 ELDEN STREET   |  |                   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10370</b><br>Amount of Each Disbursement this Period<br>5233.56 |  |
| City<br>HERNDON   | State<br>VA  | Zip Code<br>20170 | Memo Item <input checked="" type="checkbox"/>  |  |
| Purpose of Disbursement<br>DRUMMOND REIMBURSEMENT: FACILITY RENTAL/CATERING EXPENSE                                       |  |                   | Category/Type<br>[REDACTED]  |  |
| Candidate Name  |  |                   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |  |  |
| State: District:  |  |                   |  |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BODEGA</b>   |  |                   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2017  |  |
| Mailing Address 3116 M STREET NW  |  |                   | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10370</b><br>Amount of Each Disbursement this Period<br>239.10 |  |
| City<br>WASHINGTON  | State<br>DC  | Zip Code<br>20007 | Memo Item <input checked="" type="checkbox"/>   |  |
| Purpose of Disbursement<br>DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS   |  |                   | Category/Type<br>[REDACTED]   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |   |  |
| State: District:  |  |                   |   |  |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 6017.07    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED] |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE HARP**

Mailing Address 85 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
DRUMMOND REIMBURSEMENT: MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10370  
Amount of Each Disbursement this Period  
258.28

Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIO'S**

Mailing Address 55 BOYLSTON STREET

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10339  
Amount of Each Disbursement this Period  
100.46

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIO'S**

Mailing Address 55 BOYLSTON STREET

City CHESTNUT HILL State MA Zip Code 02467

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10361  
Amount of Each Disbursement this Period  
58.30

Memo Item

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

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

158.76

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

Use separate schedule(s) for each category of the Detailed 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. DAVIO'S**

Mailing Address 55 BOYLSTON STREET

City  
CHESTNUT HILL

State  
MA

Zip Code  
02467

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB21B.10462**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. DBP CONSULTING LLC**

Mailing Address PO BOX 5631

City  
BOSTON

State  
MA

Zip Code  
02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB21B.10258**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. DBP CONSULTING LLC**

Mailing Address PO BOX 5631

City  
BOSTON

State  
MA

Zip Code  
02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB21B.10371**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DBP CONSULTING LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017   |
| Mailing Address PO BOX 5631   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10446</b><br>Amount of Each Disbursement this Period<br>8400.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DELAWARE NORTH COMPANIES, INC. - BOSTON</b>                              |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2017  |
| Mailing Address 100 LEGENDS WAY   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10212</b><br>Amount of Each Disbursement this Period<br>10050.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>FACILITY RENTAL/CATERING SERVICES  |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DROPBOX, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017  |
| Mailing Address 185 BERRY ST<br>400   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10447</b><br>Amount of Each Disbursement this Period<br>195.00 |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107   |
| Purpose of Disbursement<br>FILE STORAGE   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 18645.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |          |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.10290**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.10317**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.10318**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10319  
Amount of Each Disbursement this Period  
72.83

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10324  
Amount of Each Disbursement this Period  
7.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10325  
Amount of Each Disbursement this Period  
7.50

Memo Item

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

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

87.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10326  
Amount of Each Disbursement this Period  
7.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10327  
Amount of Each Disbursement this Period  
7.50

Memo Item

Full Name (Last, First, Middle Initial)

**C. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10344  
Amount of Each Disbursement this Period  
23.07

Memo Item

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

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

38.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10384  
Amount of Each Disbursement this Period  
13.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. FEDEX**

Mailing Address 3875 AIRWAYS  
MODULE H3

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement  
POSTAGE

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10401  
Amount of Each Disbursement this Period  
27.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. FLOUR BAKERY**

Mailing Address 131 CLARENDON STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING SERVICES

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 09 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.1025t  
Amount of Each Disbursement this Period  
248.78

Memo Item

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

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

289.41



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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 19 / 2017   |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10158</b><br>Amount of Each Disbursement this Period<br>193.36 |
| City<br>BOSTON  | State<br>MA  |  |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Memo Item <input type="checkbox"/>   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10191</b><br>Amount of Each Disbursement this Period<br>55.00 |
| City<br>BOSTON  | State<br>MA  |   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Memo Item <input type="checkbox"/>  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10192</b><br>Amount of Each Disbursement this Period<br>88.97 |
| City<br>BOSTON  | State<br>MA  |   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Memo Item <input type="checkbox"/>  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 337.33 |
| <b>TOTAL</b> 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)<br><b>A. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 08 / 2017  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10242</b><br>Amount of Each Disbursement this Period<br>[ ] 55.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2017  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10280</b><br>Amount of Each Disbursement this Period<br>[ ] 30.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2017  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10345</b><br>Amount of Each Disbursement this Period<br>[ ] 56.01 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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

[ ] 141.01

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2017                  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10377</b> |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Amount of Each Disbursement this Period<br>[ ] 55.00                      |
| Candidate Name  |  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2017                  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10378</b> |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Amount of Each Disbursement this Period<br>[ ] 90.83                      |
| Candidate Name  |  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2017                  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10396</b> |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Amount of Each Disbursement this Period<br>[ ] 246.51                     |
| Candidate Name  |  | <input type="checkbox"/> Memo Item  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 392.34 |
| <b>TOTAL</b> 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)<br><b>A. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 17 / 2017   |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10414</b><br>Amount of Each Disbursement this Period<br>[ ] 106.14 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116  |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FOUR SEASONS</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 24 / 2017  |
| Mailing Address 200 BOYLSTON STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10442</b><br>Amount of Each Disbursement this Period<br>[ ] 40.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10193</b><br>Amount of Each Disbursement this Period<br>[ ] 72.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |            |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 218.14 |
| <b>TOTAL</b> 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)<br><b>A. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10221</b><br>Amount of Each Disbursement this Period<br>[ ] 36.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10291</b><br>Amount of Each Disbursement this Period<br>[ ] 34.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10346</b><br>Amount of Each Disbursement this Period<br>[ ] 36.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 106.00 |
| <b>TOTAL</b> 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)<br><b>A. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10385</b><br>Amount of Each Disbursement this Period<br>[ ] 34.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10403</b><br>Amount of Each Disbursement this Period<br>[ ] 36.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. GARAGE AT 100 CLARENDON</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 29 / 2017  |
| Mailing Address 100 CLARENDON STREET  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10463</b><br>Amount of Each Disbursement this Period<br>[ ] 34.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 104.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]        |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. GRILL 23 & BAR**

Mailing Address 161 BERKELEY STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10397  
Amount of Each Disbursement this Period  
274.52

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN PALM BEACH**

Mailing Address 1301 BELVEDERE ROAD

City WEST PALM BEACH State FL Zip Code 33405

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  
02 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10292  
Amount of Each Disbursement this Period  
361.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.1023t  
Amount of Each Disbursement this Period  
407.40

Memo Item

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

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

1043.60

**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. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10263  
Amount of Each Disbursement this Period  
388.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10264  
Amount of Each Disbursement this Period  
388.37

Memo Item

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10271  
Amount of Each Disbursement this Period  
607.79

Memo Item

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

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

1384.53



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10294  
Amount of Each Disbursement this Period  
5.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10295  
Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JETBLUE AIRWAYS**

Mailing Address 27-01 QUEENS PLAZA

City N LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.1031C  
Amount of Each Disbursement this Period  
50.00

Memo Item

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

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

130.00

**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. KC STRATEGIES**

Mailing Address 4 CHARLOTTE DRIVE

City ANDOVER State MA Zip Code 01810

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  
02 / 02 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10214  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KC STRATEGIES**

Mailing Address 4 CHARLOTTE DRIVE

City ANDOVER State MA Zip Code 01810

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  
03 / 13 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10398  
Amount of Each Disbursement this Period  
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LPC TRANSPORTATION**

Mailing Address 10790 CAMERON CT.

City DAVIE State FL Zip Code 33324

Purpose of Disbursement  
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10296  
Amount of Each Disbursement this Period  
210.00

Memo Item

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

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

5210.00

**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)<br><b>A. MAGAN MUNSON</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017  |
| Mailing Address 219 WESTERN AVE<br>#S624  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10448</b><br>Amount of Each Disbursement this Period<br>[ ] 2023.82 |
| City ALLSTON  | State MA   | Zip Code 02134  |
| Purpose of Disbursement<br>MUNSON REIMBURSEMENT: SEE MEMO ENTRIES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. EMBASSY SUITES WEST PALM BEACH</b>                                       |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017  |
| Mailing Address 1601 BELVEDERE ROAD   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10448</b><br>Amount of Each Disbursement this Period<br>[ ] 1137.91 |
| City WEST PALM BEACH  | State FL   | Zip Code 33406  |
| Purpose of Disbursement<br>MUNSON REIMBURSEMENT: TRAVEL: LODGING  |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AMERICAN AIRLINES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017   |
| Mailing Address 4255 AMON CARTER BLVD.  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10448</b><br>Amount of Each Disbursement this Period<br>[ ] 632.16 |
| City FORT WORTH   | State TX   | Zip Code 76155   |
| Purpose of Disbursement<br>MUNSON REIMBURSEMENT: TRAVEL: AIR  |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input checked="" type="checkbox"/> Memo Item  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 2023.82 |
| <b>TOTAL</b> 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. MARTIGNETTI LIQUORS**

Mailing Address 1650 SOLDIERS FIELD RD.

City BRIGHTON State MA Zip Code 02135

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  
02 / 08 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10244**  
 Amount of Each Disbursement this Period  
 331.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS PORT AUTHORITY**

Mailing Address LOGAN AIRPORT  
TERMINAL A

City EAST BOSTON State MA Zip Code 02128

Purpose of Disbursement PARKING

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10449**  
 Amount of Each Disbursement this Period  
 96.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MASSACHUSETTS SPORTSERVICE**

Mailing Address 100 LEGENDS WAY  
ATTN: KATIE SCHIFFLER

City BOSTON State MA Zip Code 02114

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  
03 / 01 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10348**  
 Amount of Each Disbursement this Period  
 5453.38

Memo Item

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

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

5880.63

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <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. MJ MULDOWNNEY**

Mailing Address 85 MERRIMAC ST  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10450  
Amount of Each Disbursement this Period  
1100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MOOO**

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10409  
Amount of Each Disbursement this Period  
144.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. MOOO**

Mailing Address 15 BEACON ST

City BOSTON State MA Zip Code 02180

Purpose of Disbursement  
MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 22 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10433  
Amount of Each Disbursement this Period  
133.07

Memo Item

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

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

1377.91

**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"/> 26 | <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. NEPTUNE OYSTER**

Full Name (Last, First, Middle Initial)

Mailing Address 63 SALEM STREET

City BOSTON State MA Zip Code 02113

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10125

Amount of Each Disbursement this Period: 295.19

Memo Item

**B. OCEAN PRIME**

Full Name (Last, First, Middle Initial)

Mailing Address 140 SEAPORT BLVD

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: 02 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10311

Amount of Each Disbursement this Period: 346.76

Memo Item

**C. OSTR**

Full Name (Last, First, Middle Initial)

Mailing Address 1 CHARLES STREET

City BOSTON State MA Zip Code 02116

Purpose of Disbursement MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10281

Amount of Each Disbursement this Period: 257.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 899.35

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RED CURVE SOLUTIONS</b>  |  |                          | Date of Disbursement<br>MM / DD / YYYY<br>01 / 04 / 2017  |  |
| Mailing Address 138 CONANT STREET<br>2ND FLOOR  |  |                          | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10113</b><br>Amount of Each Disbursement this Period<br>[ ] 3000.00 |  |
| City<br>BEVERLY   | State<br>MA  | Zip Code<br>01915        | Memo Item <input type="checkbox"/>  |  |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Category/<br>Type<br>[ ] |   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |   |  |
| State: District:  |  |                          |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RED CURVE SOLUTIONS</b>  |  |                          | Date of Disbursement<br>MM / DD / YYYY<br>02 / 10 / 2017  |  |
| Mailing Address 138 CONANT STREET<br>2ND FLOOR  |  |                          | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10259</b><br>Amount of Each Disbursement this Period<br>[ ] 3063.77 |  |
| City<br>BEVERLY   | State<br>MA  | Zip Code<br>01915        | Memo Item <input type="checkbox"/>  |  |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Category/<br>Type<br>[ ] |   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |   |  |
| State: District:  |  |                          |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. RED CURVE SOLUTIONS</b>  |  |                          | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2017  |  |
| Mailing Address 138 CONANT STREET<br>2ND FLOOR  |  |                          | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10373</b><br>Amount of Each Disbursement this Period<br>[ ] 3045.70 |  |
| City<br>BEVERLY   | State<br>MA  | Zip Code<br>01915        | Memo Item <input type="checkbox"/>  |  |
| Purpose of Disbursement<br>COMPLIANCE CONSULTING  |  | Category/<br>Type<br>[ ] |   |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |   |  |
| State: District:  |  |                          |   |  |

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

9109.47

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. 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 POSTAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10451

Amount of Each Disbursement this Period: 68.61

Memo Item

**B. RITA'S CATERING**

Full Name (Last, First, Middle Initial)

Mailing Address 1935 REVERE BEACH PARKWAY

City EVERETT State MA Zip Code 02149

Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10452

Amount of Each Disbursement this Period: 379.32

Memo Item

**C. SALIENT POINT LLC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 960743

City BOSTON State MA Zip Code 02196

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  
03 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10428

Amount of Each Disbursement this Period: 3000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3447.93

**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)<br><b>A. SMITH &amp; WOLLENSKY</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2017   |                                       |
| Mailing Address 101 ARLINGTON ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10283</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 368.50 |                                       |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116  | Category/<br>Type<br>[REDACTED]       |
| Purpose of Disbursement<br>MEETING EXPENSE: MEALS   |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State: District:  |  |  |                                       |

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SMITH &amp; WOLLENSKY</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2017   |                                       |
| Mailing Address 101 ARLINGTON ST  |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10475</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 361.78 |                                       |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116  | Category/<br>Type<br>[REDACTED]       |
| Purpose of Disbursement<br>MEETING EXPENSE: MEALS   |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State: District:  |  |  |                                       |

|   |  |  |                                       |
|---|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. STAPLES</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 12 / 2017   |                                       |
| Mailing Address 390 WEST STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10138</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 479.72 |                                       |
| City<br>MANSFIELD   | State<br>MA  | Zip Code<br>02048  | Category/<br>Type<br>[REDACTED]       |
| Purpose of Disbursement<br>OFFICE SUPPLIES  |  | Candidate Name   |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Memo Item<br><input type="checkbox"/> |
| State: District:  |  |  |                                       |

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

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

|                    |
|--------------------|
| [REDACTED] 1210.00 |
| [REDACTED]         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
01 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10174  
Amount of Each Disbursement this Period  
95.61

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10175  
Amount of Each Disbursement this Period  
413.19

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10233  
Amount of Each Disbursement this Period  
373.62

Memo Item

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

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

882.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10260  
Amount of Each Disbursement this Period  
203.19

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10367  
Amount of Each Disbursement this Period  
437.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 390 WEST STREET

City MANSFIELD State MA Zip Code 02048

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10405  
Amount of Each Disbursement this Period  
658.02

Memo Item

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

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

1298.33

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <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  
03 / 28 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10460  
Amount of Each Disbursement this Period  
732.39

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE BREAKERS**

Mailing Address 1 S COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

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  
02 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10301  
Amount of Each Disbursement this Period  
131.56

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE BREAKERS**

Mailing Address 1 S COUNTY ROAD

City PALM BEACH State FL Zip Code 33480

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  
02 / 22 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10312  
Amount of Each Disbursement this Period  
139.90

Memo Item

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

1003.85

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE CAPITAL GRILLE**

Mailing Address JOHN B. HYNES VETERANS MEMORIAL CO  
900 BOYLSTON ST

City BOSTON State MA Zip Code 02115

Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10430  
Amount of Each Disbursement this Period  
3178.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 01 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10209  
Amount of Each Disbursement this Period  
32.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement PARKING SERVICES

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10271  
Amount of Each Disbursement this Period  
16.00

Memo Item

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

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

3226.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10284**  
Amount of Each Disbursement this Period  
16.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10285**  
Amount of Each Disbursement this Period  
42.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10325**  
Amount of Each Disbursement this Period  
16.00

Memo Item

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

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

74.24

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <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)<br><b>A. THE FAIRMONT COPLEY PLAZA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 24 / 2017  |
| Mailing Address 138 JAMES ST  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10330</b><br>Amount of Each Disbursement this Period<br>[ ] 61.36 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. THE FAIRMONT COPLEY PLAZA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 27 / 2017  |
| Mailing Address 138 JAMES ST  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10338</b><br>Amount of Each Disbursement this Period<br>[ ] 99.53 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. THE FAIRMONT COPLEY PLAZA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2017  |
| Mailing Address 138 JAMES ST  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10368</b><br>Amount of Each Disbursement this Period<br>[ ] 61.36 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 222.25 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]        |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES 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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10369  
Amount of Each Disbursement this Period  
102.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10380  
Amount of Each Disbursement this Period  
68.71

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10391  
Amount of Each Disbursement this Period  
44.38

Memo Item

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

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

215.09



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

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

Full Name (Last, First, Middle Initial)

**A. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
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  
03 / 13 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10399  
Amount of Each Disbursement this Period  
32.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
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  
03 / 15 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10406  
Amount of Each Disbursement this Period  
33.54

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE FAIRMONT COPLEY PLAZA**

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
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  
03 / 20 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.1042t  
Amount of Each Disbursement this Period  
51.00

Memo Item

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

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

116.54

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

Use separate schedule(s) for each category of the Detailed 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)<br><b>A. THE FAIRMONT COPLEY PLAZA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 24 / 2017  |
| Mailing Address 138 JAMES ST  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10443</b><br>Amount of Each Disbursement this Period<br>[ ] 2000.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>FACILITY RENTAL/CATERING   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. THE FAIRMONT COPLEY PLAZA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 29 / 2017   |
| Mailing Address 138 JAMES ST  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10465</b><br>Amount of Each Disbursement this Period<br>[ ] 883.65 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116  |
| Purpose of Disbursement<br>FACILITY RENTAL/CATERING   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. THE FAIRMONT COPLEY PLAZA</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2017  |
| Mailing Address 138 JAMES ST  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10471</b><br>Amount of Each Disbursement this Period<br>[ ] 32.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02116   |
| Purpose of Disbursement<br>PARKING SERVICES   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 2915.65 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]         |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. THE FAIRMONT COPLEY PLAZA**

Full Name (Last, First, Middle Initial)

Mailing Address 138 JAMES ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
PARKING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10476  
Amount of Each Disbursement this Period  
54.94

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10153  
Amount of Each Disbursement this Period  
108.91

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.10156  
Amount of Each Disbursement this Period  
12.61

Memo Item

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

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

176.46

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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 19 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10161</b><br>Amount of Each Disbursement this Period<br>[ ] 6.81 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 19 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10162</b><br>Amount of Each Disbursement this Period<br>[ ] 7.59 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 19 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10163</b><br>Amount of Each Disbursement this Period<br>[ ] 34.35 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 48.75 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [ ]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 20 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10166

Amount of Each Disbursement this Period: 16.66

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10170

Amount of Each Disbursement this Period: 6.81

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10171

Amount of Each Disbursement this Period: 20.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 44.31

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10172

Amount of Each Disbursement this Period: 65.83

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10176

Amount of Each Disbursement this Period: 7.58

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10177

Amount of Each Disbursement this Period: 8.31

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 81.72

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 26 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10184</b><br>Amount of Each Disbursement this Period<br>[ ] 9.38 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 26 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10185</b><br>Amount of Each Disbursement this Period<br>[ ] 19.86 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 26 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10186</b><br>Amount of Each Disbursement this Period<br>[ ] 22.55 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|  |           |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 51.79 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 27 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10188</b><br>Amount of Each Disbursement this Period<br>[ ] 9.27 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 27 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10189</b><br>Amount of Each Disbursement this Period<br>[ ] 13.92 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10196</b><br>Amount of Each Disbursement this Period<br>[ ] 8.64 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 31.83 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017                  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10197</b> |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Amount of Each Disbursement this Period<br>[ ] 14.36                      |
| Candidate Name  |  | Category/Type<br>[ ]  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017                  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10198</b> |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Amount of Each Disbursement this Period<br>[ ] 20.18                      |
| Candidate Name  |  | Category/Type<br>[ ]  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017                  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10199</b> |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Amount of Each Disbursement this Period<br>[ ] 20.89                      |
| Candidate Name  |  | Category/Type<br>[ ]  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item  |
| State: District:  |  |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 55.43 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 31 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10203</b><br>Amount of Each Disbursement this Period<br>[ ] 5.00 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 31 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10204</b><br>Amount of Each Disbursement this Period<br>[ ] 8.23 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 31 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10205</b><br>Amount of Each Disbursement this Period<br>[ ] 10.35 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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

[ ] 23.58

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 31 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10206</b><br>Amount of Each Disbursement this Period<br>[ ] 14.78 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 01 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10210</b><br>Amount of Each Disbursement this Period<br>[ ] 9.64 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 01 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10211</b><br>Amount of Each Disbursement this Period<br>[ ] 12.58 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 37.00 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10216</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 7.99 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10217</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 8.09 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 02 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10218</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 9.19 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 25.27 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10222</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 7.88 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10223</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 9.17 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10224</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 15.87 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 32.92 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 03 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10225</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 19.35 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 06 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10235</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 7.99 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 06 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10236</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 15.84 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 43.18 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 07 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10238</b><br>Amount of Each Disbursement this Period<br>[ ] 8.10 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 08 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10246</b><br>Amount of Each Disbursement this Period<br>[ ] 6.31 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 08 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10247</b><br>Amount of Each Disbursement this Period<br>[ ] 8.54 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 22.95 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 14 / 2017   |                   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10266</b><br>Amount of Each Disbursement this Period<br>13.83 |                   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Category/<br>Type |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  |  |                   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: District:  |  |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 15 / 2017   |                   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10272</b><br>Amount of Each Disbursement this Period<br>13.26 |                   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Category/<br>Type |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  |  |                   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: District:  |  |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 16 / 2017   |                   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10275</b><br>Amount of Each Disbursement this Period<br>18.15 |                   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Category/<br>Type |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  |  |                   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: District:  |  |  |                   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 45.24 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 16 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10276</b><br>Amount of Each Disbursement this Period<br>22.04 |
| City<br>BOSTON  | State<br>MA  |   |
| Zip Code<br>02114   | Purpose of Disbursement<br>TRAVEL: TAXI  | Memo Item <input type="checkbox"/>  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 16 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10277</b><br>Amount of Each Disbursement this Period<br>30.68 |
| City<br>BOSTON  | State<br>MA  |   |
| Zip Code<br>02114   | Purpose of Disbursement<br>TRAVEL: TAXI  | Memo Item <input type="checkbox"/>  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10286</b><br>Amount of Each Disbursement this Period<br>8.07 |
| City<br>BOSTON  | State<br>MA  |  |
| Zip Code<br>02114   | Purpose of Disbursement<br>TRAVEL: TAXI  | Memo Item <input type="checkbox"/>   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

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|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 60.79 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 17 / 2017                         |   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10287</b> |   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Amount of Each Disbursement this Period<br>[REDACTED] 42.08 |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  | <input type="checkbox"/> Memo Item                          |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017                         |   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10302</b> |   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Amount of Each Disbursement this Period<br>[REDACTED] 10.90 |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  | <input type="checkbox"/> Memo Item                          |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017                         |   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10303</b> |   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Amount of Each Disbursement this Period<br>[REDACTED] 10.91 |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  | <input type="checkbox"/> Memo Item                          |
| Candidate Name  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: District:  |  |  |   |

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|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 63.89 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017   |                   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10304</b><br>Amount of Each Disbursement this Period<br>12.22 |                   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Category/<br>Type |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  |  |                   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: District:  |  |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017   |                   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10305</b><br>Amount of Each Disbursement this Period<br>25.90 |                   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Category/<br>Type |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  |  |                   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: District:  |  |  |                   |

|   |  |  |                   |
|---|--|--|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017   |                   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10306</b><br>Amount of Each Disbursement this Period<br>27.16 |                   |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  | Category/<br>Type |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  |  |                   |
| Candidate Name  |  | Memo Item <input type="checkbox"/>   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                   |
| State: District:  |  |  |                   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 65.28 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10307</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 157.72 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 22 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10313</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 8.69 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 22 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10314</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 21.23 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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

[REDACTED] 187.64

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 22 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10315</b><br>Amount of Each Disbursement this Period<br>[ ] 25.54 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 24 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10331</b><br>Amount of Each Disbursement this Period<br>[ ] 7.23 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10341</b><br>Amount of Each Disbursement this Period<br>[ ] 6.35 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 39.12 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10342</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 8.97 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10343</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 9.02 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 01 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.1035t</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 8.08 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 26.07 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10351

Amount of Each Disbursement this Period: 11.15

Memo Item

**B. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10352

Amount of Each Disbursement this Period: 19.41

Memo Item

**C. UBER TECHNOLOGIES, INC.**

Full Name (Last, First, Middle Initial)

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.10357

Amount of Each Disbursement this Period: 11.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 41.86

**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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 02 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10358</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 21.98 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10374</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 6.35 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10375</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 7.43 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 35.76 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |



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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10381</b><br>Amount of Each Disbursement this Period<br>6.73 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 08 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10382</b><br>Amount of Each Disbursement this Period<br>10.46 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10387</b><br>Amount of Each Disbursement this Period<br>8.71 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 25.90 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10388</b><br>Amount of Each Disbursement this Period<br>[ ] 8.99 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10389</b><br>Amount of Each Disbursement this Period<br>[ ] 22.39 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 09 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.1039c</b><br>Amount of Each Disbursement this Period<br>[ ] 30.75 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

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

62.13

**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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10392</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 8.99 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10393</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 20.81 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10394</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 24.33 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [REDACTED] 54.13 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | [REDACTED]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10400</b><br>Amount of Each Disbursement this Period<br>[ ] 6.35 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 15 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10407</b><br>Amount of Each Disbursement this Period<br>[ ] 6.35 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10411</b><br>Amount of Each Disbursement this Period<br>[ ] 6.35 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 19.05 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10411</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 8.31 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10412</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 21.16 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 16 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : SB21B.10413</b><br>Amount of Each Disbursement this Period<br>[REDACTED] 30.14 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[REDACTED]   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|   |                  |
|---|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶      | [REDACTED] 59.61 |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | [REDACTED]       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 17 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10415</b><br>Amount of Each Disbursement this Period<br>[ ] 6.35 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 17 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10416</b><br>Amount of Each Disbursement this Period<br>[ ] 9.09 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | <input type="checkbox"/> Memo Item   |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10422</b><br>Amount of Each Disbursement this Period<br>[ ] 11.78 |
| City<br>BOSTON  | State<br>MA  | Zip Code<br>02114   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Category/<br>Type<br>[ ]  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  | <input type="checkbox"/> Memo Item   |   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 27.22 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10423</b><br>Amount of Each Disbursement this Period<br>18.04 |
| City<br>BOSTON  | State<br>MA  |   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Memo Item <input type="checkbox"/>  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10424</b><br>Amount of Each Disbursement this Period<br>33.85 |
| City<br>BOSTON  | State<br>MA  |   |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Memo Item <input type="checkbox"/>  |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 21 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10431</b><br>Amount of Each Disbursement this Period<br>7.04 |
| City<br>BOSTON  | State<br>MA  |  |
| Purpose of Disbursement<br>TRAVEL: TAXI   |  | Memo Item <input type="checkbox"/>   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 58.93 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 22    |   | 2017      |

FEC Identification Number

C [ ]

Transaction ID : SB21B.10434  
Amount of Each Disbursement this Period

[ ] 6.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 22    |   | 2017      |

FEC Identification Number

C [ ]

Transaction ID : SB21B.10435  
Amount of Each Disbursement this Period

[ ] 9.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER TECHNOLOGIES, INC.**

Mailing Address 239 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRAVEL: TAXI

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 27    |   | 2017      |

FEC Identification Number

C [ ]

Transaction ID : SB21B.10453  
Amount of Each Disbursement this Period

[ ] 5.00

Memo Item

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

[ ] 21.29

**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)<br><b>A. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10454</b><br>Amount of Each Disbursement this Period<br>[ ] 14.25 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10455</b><br>Amount of Each Disbursement this Period<br>[ ] 33.35 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 28 / 2017   |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10461</b><br>Amount of Each Disbursement this Period<br>[ ] 7.96 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name   |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |  |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 55.56 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 29 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10466</b><br>Amount of Each Disbursement this Period<br>25.82 |
| City<br>BOSTON  | State<br>MA  |   |
| Zip Code<br>02114   | Purpose of Disbursement<br>TRAVEL: TAXI  | Memo Item <input type="checkbox"/>  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2017  |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10472</b><br>Amount of Each Disbursement this Period<br>24.61 |
| City<br>BOSTON  | State<br>MA  |   |
| Zip Code<br>02114   | Purpose of Disbursement<br>TRAVEL: TAXI  | Memo Item <input type="checkbox"/>  |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. UBER TECHNOLOGIES, INC.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2017   |
| Mailing Address 239 CAUSEWAY STREET   |  | FEC Identification Number<br>C<br><b>Transaction ID : SB21B.10477</b><br>Amount of Each Disbursement this Period<br>8.39 |
| City<br>BOSTON  | State<br>MA  |  |
| Zip Code<br>02114   | Purpose of Disbursement<br>TRAVEL: TAXI  | Memo Item <input type="checkbox"/>   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶      | 58.82 |
| <b>TOTAL</b> 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)<br><b>A. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10478</b><br>Amount of Each Disbursement this Period<br>[ ] 15.00 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. UBER TECHNOLOGIES, INC.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2017  |  |
| Mailing Address 239 CAUSEWAY STREET  |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.10479</b><br>Amount of Each Disbursement this Period<br>[ ] 20.29 |  |
| City<br>BOSTON   | State<br>MA   | Zip Code<br>02114   | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>TRAVEL: TAXI                                      |   | Candidate Name  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:  |   |   |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. VERIZON WIRELESS</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 30 / 2017   |  |
| Mailing Address 15505 SAND CANYON AVENUE                              |   | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB21B.1020C</b><br>Amount of Each Disbursement this Period<br>[ ] 707.69 |  |
| City<br>IRVINE  | State<br>CA   | Zip Code<br>92618  | Category/<br>Type<br>[ ]   |
| Purpose of Disbursement<br>MOBILE PHONE EXPENSE                       |   | Candidate Name   |  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| State:<br>District:   |   |  |  |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | [ ] 742.98 |
| <b>TOTAL</b> 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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10308**  
Amount of Each Disbursement this Period  
841.46

Memo Item

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) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10402**  
Amount of Each Disbursement this Period  
76.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. W BOSTON HOTEL AND RESIDENCES**

Mailing Address 100 STUART ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement  
FACILITY RENTAL/CATERING SERVICES

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.10251**  
Amount of Each Disbursement this Period  
258.28

Memo Item

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

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

1176.61  
119064.19

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

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

Full Name (Last, First, Middle Initial)

**A. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 04 / 2017

FEC Identification Number

C

Transaction ID : SB22.10112  
Amount of Each Disbursement this Period

38073.64

Memo Item

Full Name (Last, First, Middle Initial)

**B. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 19 / 2017

FEC Identification Number

C

Transaction ID : SB22.10160  
Amount of Each Disbursement this Period

14157.18

Memo Item

Full Name (Last, First, Middle Initial)

**C. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 31 / 2017

FEC Identification Number

C

Transaction ID : SB22.10202  
Amount of Each Disbursement this Period

44007.46

Memo Item

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

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

96238.28

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

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

FOR LINE NUMBER: (check only one)

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

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

**A. MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB22.10265**  
Amount of Each Disbursement this Period

Memo Item

**B. MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB22.10379**  
Amount of Each Disbursement this Period

Memo Item

**C. MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB22.10458**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 310 FIRST STREET, SE

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01    |   | 04    |   | 2017      |

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
TRANSFER

|   |
|---|
| C |
|---|

Candidate Name

Transaction ID : SB22.10114

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

|          |
|----------|
| 18686.22 |
|----------|

Memo Item

**B. REPUBLICAN NATIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 310 FIRST STREET, SE

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02    |   | 17    |   | 2017      |

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
TRANSFER

|   |
|---|
| C |
|---|

Candidate Name

Transaction ID : SB22.10282

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

|          |
|----------|
| 75976.91 |
|----------|

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

|   |
|---|
| C |
|---|

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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|--|
|  |
|--|

Memo Item

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

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

|          |
|----------|
| 94663.13 |
|----------|

|           |
|-----------|
| 433451.13 |
|-----------|

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |                     |  |                          |
|---|---------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. BOCH, ERNEST, , MR., JR.</b>   |                     | Date of Disbursement<br>MM / DD / YYYY<br>03 / 21 / 2017   |                          |
| Mailing Address 95 MORSE ROAD   |                     | FEC Identification Number<br>C [ ]<br><b>Transaction ID : SB28A.10488</b><br>Amount of Each Disbursement this Period<br>5400.00      |                          |
| City<br>NORWOOD   | State<br>MA         | Zip Code<br>02062  | Category/<br>Type<br>[ ] |
| Purpose of Disbursement<br>CONTRIBUTION REFUND  |                     | Memo Item <input type="checkbox"/>   |                          |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: |  |                          |

|   |                     |  |                          |
|---|---------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |                     | Date of Disbursement<br>MM / DD / YYYY   |                          |
| Mailing Address   |                     | FEC Identification Number<br>C [ ]<br>Amount of Each Disbursement this Period  |                          |
| City  | State               | Zip Code   | Category/<br>Type<br>[ ] |
| Purpose of Disbursement   |                     | Memo Item <input type="checkbox"/>   |                          |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: |  |                          |

|   |                     |  |                          |
|---|---------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                     | Date of Disbursement<br>MM / DD / YYYY   |                          |
| Mailing Address   |                     | FEC Identification Number<br>C [ ]<br>Amount of Each Disbursement this Period  |                          |
| City  | State               | Zip Code   | Category/<br>Type<br>[ ] |
| Purpose of Disbursement   |                     | Memo Item <input type="checkbox"/>   |                          |
| Candidate Name  |                     | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State:<br>District: |  |                          |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 5400.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 5400.00 |