

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.
MASSACHUSETTS REPUBLICAN PARTY

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **BRENT J. ANDERSEN**

Signature of Treasurer BRENT J. ANDERSEN [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MASSACHUSETTS REPUBLICAN PARTY

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="80037.50"/> | <input type="text" value="80037.50"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="445100.67"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="809711.19"/> | <input type="text" value="3537260.80"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="1254811.86"/> | <input type="text" value="3617298.30"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="949577.64"/> | <input type="text" value="3312064.08"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="305234.22"/> | <input type="text" value="305234.22"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MASSACHUSETTS REPUBLICAN PARTY

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 272000.00 | 1338950.00 |
| (ii) Unitemized | 445.00 | 231144.48 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 272445.00 | 1570094.48 |
| (b) Political Party Committees | 0.00 | 337650.00 |
| (c) Other Political Committees (such as PACs)..... | 20000.00 | 39499.48 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 292445.00 | 1947243.96 |
| 12. Transfers From Affiliated/Other Party Committees..... | 517266.19 | 1582713.38 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 7303.46 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 809711.19 | 3537260.80 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 809711.19 | 3537260.80 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 636978.00 | 2118758.29 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 636978.00 | 2118758.29 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 47000.00 | 47000.00 |
| 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 | 10670.00 | 220367.00 |
| (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))..... | 10670.00 | 220367.00 |
| 29. Other Disbursements | 0.00 | 50.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 254929.64 | 925888.79 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 254929.64 | 925888.79 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 949577.64 | 3312064.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 949577.64 | 3312064.08 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 292445.00 | 1947243.96 |
| 34. Total Contribution Refunds (from Line 28(d)) | 10670.00 | 220367.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 281775.00 | 1726876.96 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 636978.00 | 2118758.29 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 7303.46 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 636978.00 | 2111454.83 |

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 168 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. KAREN BACARDI | | Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014 |
| Mailing Address 137 HIGHLAND ST | | Transaction ID : SA11AI.18429 |
| City MILTON | State MA | Zip Code 02186 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10000.00 |
| Name of Employer SELF EMPLOYED | Occupation SHAREHOLDER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JON M. BAKER JR. | | Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014 |
| Mailing Address 62 WALNUT STREET | | Transaction ID : SA11AI.18337 |
| City WELLESLEY | State MA | Zip Code 02481 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 5000.00 |
| Name of Employer INTERNATIONAL PLANNING GROUP | Occupation PRESIDENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. GEORGE BEHRAKIS | | Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014 |
| Mailing Address 426 RIVER ROAD | | Transaction ID : SA11AI.18392 |
| City NORTH TEWKSBURY | State MA | Zip Code 01876 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 10000.00 |
| Name of Employer RETIRED | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 168 |
| | <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 REPUBLICAN PARTY

A. RICHARD K. BENDETSON
Full Name (Last, First, Middle Initial)

Mailing Address 63 ATLANTIC AVE #3

City BOSTON State MA Zip Code 02110

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

Name of Employer DIVERSIFIED FUNDING Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11AI.18457

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 5 BOARDMAN AVENUE

City MANCHESTER State MA Zip Code 01944

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

Name of Employer NEWHORIZONSPARTNERS Occupation FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2014
Transaction ID : SA11AI.18432

Amount of Each Receipt this Period
 5000.00

C. MR. ARTHUR J. BOURQUE
Full Name (Last, First, Middle Initial)

Mailing Address 116 LOCKSLEY ROAD

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 19 / 2014
Transaction ID : SA11AI.18332

Amount of Each Receipt this Period
 5000.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 12000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 8 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JAMES BOYLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 FEARING RD
 City HINGHAM State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HEALTHFLEET Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.18416
 Amount of Each Receipt this Period
 5000.00

B. MICHAEL BRADBURY
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 LINCOLN ST
 City WORCESTER State MA Zip Code 01605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.18420
 Amount of Each Receipt this Period
 1000.00

C. JOHN BROCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 WINDY RIDGE PKWY SE
 City ATLANTA State GA Zip Code 30339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COCA COLA Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2014
Transaction ID : SA11AI.18308
 Amount of Each Receipt this Period
 10000.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 168 |
| | <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 REPUBLICAN PARTY

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MARY R. BROCK | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2014 Transaction ID : SA11AI.18310 |
| Mailing Address 88 W PACES FERRY RD NW UNIT 1110 | | Amount of Each Receipt this Period 10000.00 |
| City ATLANTA | State GA | Zip Code 30305 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer WNBA ATLANTA DREAM | Occupation BUSINESS OWNER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JOHN CALNAN | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2014 Transaction ID : SA11AI.18328 |
| Mailing Address 60 TURNERS WAY | | Amount of Each Receipt this Period 5000.00 |
| City NORWELL | State MA | Zip Code 02061 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer J. CALNAN & ASSOCIATES | Occupation OWNER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MR. WAYNE CAPOLUPO | | Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2014 Transaction ID : SA11AI.18331 |
| Mailing Address 170 BEACH RD | | Amount of Each Receipt this Period 5000.00 |
| City SALISBURY | State MA | Zip Code 01952 |
| FEC ID number of contributing federal political committee. | C | |
| Name of Employer SPS NEW ENGLAND INC. | Occupation CHAIRMAN AND CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

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

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

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

FOR LINE NUMBER: PAGE 10 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JAMES CARLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 THACKERAY RD
 City State Zip Code
 WELLESLEY MA 02481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROSSPOINT ASSOCIATES COMMERCIAL REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11AI.18369
 Amount of Each Receipt this Period
 500.00

B. MATTHEW CARLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SPRUCE LANE
 City State Zip Code
 SUDBURY MA 01776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RESOURCE OPTIONS OWNER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.18357
 Amount of Each Receipt this Period
 500.00

C. RICH CASTELLANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1568 PILOT KNOB ROAD
 City State Zip Code
 KATTSKILL BAY NY 12844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 READY JET EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11AI.18403
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 168
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MATTHEW CHRISTENSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 REGENT ST
 City CAMBRIDGE State MA Zip Code 02140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROSE PARK ADVISORS Occupation PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11AI.18321
 Amount of Each Receipt this Period
 10000.00

B. RICHARD F. CONNOLLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 775 MONUMENT STREET
 City CONCORD State MA Zip Code 01742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UBS Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.18350
 Amount of Each Receipt this Period
 5000.00

C. MR. ROBERT L. DAWSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 WITHERELL DRIVE
 City SUDBURY State MA Zip Code 01776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERIPRISE Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11AI.18363
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ► 15250.00
TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. MARY G. DESIMONE

Mailing Address P.O. BOX 406

City State Zip Code
SWAMPSCOTT MA 01907

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

Name of Employer Occupation
RETIRED 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
 10 / 30 / 2014
Transaction ID : SA11AI.18408

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. GEORGE P. DHIONIS

Mailing Address 3 FLINT STREET

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
ESPED CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2014
Transaction ID : SA11AI.18333

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. GEORGE P. DHIONIS

Mailing Address 3 FLINT STREET

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
ESPED CEO

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
 10 / 28 / 2014
Transaction ID : SA11AI.18397

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 7500.00

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 13 OF 168 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. STEVEN DODGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 KAULA LANE
 City State Zip Code
 BONITA SPRINGS FL 34134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WINDOVER DEVELOPMENT LLC REAL ESTATE/CONSTRUCTION
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.18426
 Amount of Each Receipt this Period
 10000.00

B. DAVID DRUBNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 COMMONWEALTH AVE
 City State Zip Code
 BOSTON MA 02116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREENWICH GRUOP REAL ESTATE AGENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11AI.18424
 Amount of Each Receipt this Period
 10000.00

C. DUTTON FAMILY CARE ASSOCIATES, LLP
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 AVON ST. PO BOX 430
 City State Zip Code
 WAKEFIELD MA 01880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 11 / 07 / 2014
Transaction ID : SA11AI.18446
 Amount of Each Receipt this Period
 500.00
 PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTION

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 20500.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 168 |
| | <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 REPUBLICAN PARTY

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

Mailing Address 118 MAIN ST

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer Occupation
DUTTON FAMILY CARE ASSOCIATES LLP PHYSICIAN

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
11 / 07 / 2014
Transaction ID : SA11AI.18446.0

Amount of Each Receipt this Period
500.00

PERMISSIBLE FUNDS: DUTTON FAMILY CARE ASSOCIATES, LLP

[MEMO ITEM]

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

Mailing Address 2 DOCK LEDGE WAY

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
STERLING CORPORATION BUSINESS MANAGER

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
10 / 19 / 2014
Transaction ID : SA11AI.18325

Amount of Each Receipt this Period
2500.00

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

Mailing Address 143 MEADOWBROOK RD

City State Zip Code
WESTON MA 02493

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

Name of Employer Occupation
MEDEQUITY PARTNER- INVESTMENTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : SA11AI.18362

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 15 OF 168 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JAMES GOODMAN | | Date of Receipt |
| Mailing Address 27 DECATUR LANE | | <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WAYLAND | MA | 01778 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.18365 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="9000.00"/> |
| Name of Employer | Occupation | |
| GEMINI INVESTORS | INVESTOR | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="9000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ROGER GREENE | | Date of Receipt |
| Mailing Address 185 MORRISON AVE. #202 | | <input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| SOMERVILLE | MA | 02144 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.18376 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="10000.00"/> |
| Name of Employer | Occupation | |
| IPSWITCH, INC. | CHAIRMAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="10000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MARCY HABER | | Date of Receipt |
| Mailing Address 36 RIDGE HILL FARM ROAD | | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| WELLESLEY | MA | 02482 |
| FEC ID number of contributing federal political committee. | | Transaction ID : SA11AI.18339 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="5000.00"/> |
| Name of Employer | Occupation | |
| RETIRED | RETIRED | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="10000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="24000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 16 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 36 RIDGE HILL FARM ROAD

City State Zip Code
WELLESLEY MA 02482

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

Name of Employer Occupation
HABERTRILIX ADVISERS., LP INVESTMENT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10085.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : SA11AI.18340

Amount of Each Receipt this Period
5000.00

EXCESS TO BE REFUNDED

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

Mailing Address 94 HARBOR AVENUE

City State Zip Code
MARBLEHEAD MA 01945

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

Name of Employer Occupation
HELMES & CO LLC CONSULTING ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.18381

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. E. BYRON HENSLEY JR.

Mailing Address 500 BOYLSTON STREET

City State Zip Code
BOSTON MA 02116

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

Name of Employer Occupation
SENIORLINK, INC. CHAIRMAN

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
 10 / 23 / 2014
Transaction ID : SA11AI.18346

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 168 |
| | <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 REPUBLICAN PARTY

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. ELLEN HERZFELDER | | Date of Receipt |
| Mailing Address 350 LINCOLN ST | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| HINGHAM | MA | 02043 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.18443 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| IEG | EXECUTIVE | <input type="text" value="10000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="10000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ARTHUR HILSINGER | | Date of Receipt |
| Mailing Address 8 JACKSON POND RD | | <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| DEDHAM | MA | 02026 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.18385 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| RETIRED | RETIRED | <input type="text" value="500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. THOMAS HODGSON | | Date of Receipt |
| Mailing Address 158 HATHAWAY RD | | <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| NORTH DARTMOUTH | MA | 02747 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.18326 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| BRISTOL COUNTY SHERRIFF OFFICE | SHERIFF | <input type="text" value="5000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="5000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="15500.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 18 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MR. GEORGE HOGUET
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 CHESHAM RD
 City State Zip Code
 BROOKLINE MA 02445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STATE STREET GLOBAL ADVISERS MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.18358
 Amount of Each Receipt this Period
 300.00

B. MR. GEORGE HOGUET
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 CHESHAM RD
 City State Zip Code
 BROOKLINE MA 02445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STATE STREET GLOBAL ADVISERS MANAGING DIRECTOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.18418
 Amount of Each Receipt this Period
 200.00

C. GARY F. JOYAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 ROYAL PALM WAY
 City State Zip Code
 BOCA RATON FL 33432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF ESTATE AND FINANCIAL PLANNING
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.18414
 Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 10500.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 168 |
| | <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 REPUBLICAN PARTY

A. KRISTEN KEEL
Full Name (Last, First, Middle Initial)

Mailing Address 317 ECHO VALLEY LN

| | | |
|------------------------|-------------|-------------------|
| City NEWTOWN SQUARE | State PA | Zip Code 19073 |
|------------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 01 | / | 2014 |

Transaction ID : SA11AI.18434

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1600 GULF BOULEVARD

| | | |
|--------------------|-------------|-------------------|
| City CLEARWATER | State FL | Zip Code 33767 |
|--------------------|-------------|-------------------|

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

| | |
|---|---------------------|
| Name of Employer MED HOK HEALTHCARE SOLUTIONS L.L.C. | Occupation C.E.O |
|---|---------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA11AI.18396

Amount of Each Receipt this Period
5000.00

C. WILLIAM D. LANE
Full Name (Last, First, Middle Initial)

Mailing Address 40 VAN BRUNT AVE

| | | |
|----------------|-------------|-------------------|
| City DEDHAM | State MA | Zip Code 02026 |
|----------------|-------------|-------------------|

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

| | |
|---------------------------------------|---------------------|
| Name of Employer SUPERIOR PLUMBING | Occupation OWNER |
|---------------------------------------|---------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2085.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 30 | / | 2014 |

Transaction ID : SA11AI.18406

Amount of Each Receipt this Period
2000.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 8000.00 |
| 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 20 OF 168 |
| | <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 REPUBLICAN PARTY

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

Mailing Address 1 DESMOULIN LANE

City MARBLEHEAD State MA Zip Code 01945

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

Name of Employer RACKEMANN, SAWYER & BREWSTER Occupation LAWYER

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
 10 / 29 / 2014
Transaction ID : SA11AI.18405

Amount of Each Receipt this Period
 500.00

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

Mailing Address 87 PINKNEY STREET

City BOSTON State MA Zip Code 02114

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2014
Transaction ID : SA11AI.18430

Amount of Each Receipt this Period
 5000.00

C. CYNTHIA A. LYONS
Full Name (Last, First, Middle Initial)

Mailing Address 5221 S. NICKEL STREET

City TAMPA State FL Zip Code 33611

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11AI.18378

Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 15500.00

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 168 |
| | <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 REPUBLICAN PARTY

A. KRISTI MATUS
Full Name (Last, First, Middle Initial)

Mailing Address 26 PARKER ST

City CAMBRIDGE State MA Zip Code 02138

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

Name of Employer ATHENAHEALTH Occupation CHIEF FINANCIAL AND ADMINSTRATIVE OF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11Al.18353

Amount of Each Receipt this Period
 10000.00

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

Mailing Address 34 TURNERS WAY

City NORWELL State MA Zip Code 02061

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

Name of Employer CLEAN HARBORS, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2014
Transaction ID : SA11Al.18374

Amount of Each Receipt this Period
 9000.00

C. TIMOTHY O' BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 12 CAVANAUGH RD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer BLUE CROSS BLUE SHIELD OF MASSACHUSETTS Occupation HEALTH INSURANCE EXECUTIVE

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
 11 / 02 / 2014
Transaction ID : SA11Al.18438

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 19500.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 168 |
| | <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 REPUBLICAN PARTY

A. TIMOTHY O' BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 12 CAVANAUGH RD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer BLUE CROSS BLUE SHIELD OF MASSACHUSETTS Occupation HEALTH INSURANCE EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2014
Transaction ID : SA11AI.18439

Amount of Each Receipt this Period
 500.00

B. TIMOTHY O' BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 12 CAVANAUGH RD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer BLUE CROSS BLUE SHIELD OF MASSACHUSETTS Occupation HEALTH INSURANCE EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2014
Transaction ID : SA11AI.18440

Amount of Each Receipt this Period
 500.00

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

Mailing Address 49 FOREST AVE

City SWAMPSCOTT State MA Zip Code 01907

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

Name of Employer SELF Occupation MANAGEMENT CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.18422

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 168 |
| | <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 REPUBLICAN PARTY

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JOHN PEARSON | | Date of Receipt |
| Mailing Address 99 BELMONT AVE | | <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : SA11AI.18361 |
| LOWELL | MA | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Zip Code | <input type="text" value="4500.00"/> |
| C | 01852 | |
| Name of Employer | Occupation | |
| PEARSON & PEARSON, LLP | ATTORNEY | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="4500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. HOWARD RICH | | Date of Receipt |
| Mailing Address 284 OCEAN AVENUE | | <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : SA11AI.18387 |
| MARBLEHEAD | MA | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Zip Code | <input type="text" value="1000.00"/> |
| C | 01945 | |
| Name of Employer | Occupation | |
| RETIRED | RETIRED | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. THOMAS P. RILEY | | Date of Receipt |
| Mailing Address 221 COLUMBUS AVENUE APARTMENT 203 | | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : SA11AI.18347 |
| BOSTON | MA | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Zip Code | <input type="text" value="2500.00"/> |
| C | 02116 | |
| Name of Employer | Occupation | |
| SENIORLINK, INC. | CEO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="10000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="8000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 168 |
| | <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 REPUBLICAN PARTY

A. EDWARD ROBERTS
Full Name (Last, First, Middle Initial)

Mailing Address 300 BOYLSTON ST
APT. 1102

City BOSTON State MA Zip Code 02116

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

Name of Employer MIT Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
10 / 22 / 2014
Transaction ID : SA11AI.18351

Amount of Each Receipt this Period
5000.00

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

Mailing Address 175 PECUNIT STREET

City CANTON State MA Zip Code 02021

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 31 / 2014
Transaction ID : SA11AI.18427

Amount of Each Receipt this Period
1000.00

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

Mailing Address 77 BREWSTER DRIVE

City NEEDHAM State MA Zip Code 02492

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

Name of Employer NEIGHBORHOOD HEALTH PLAN Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 22 / 2014
Transaction ID : SA11AI.18355

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 168 |
| | <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 REPUBLICAN PARTY

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. KAMBIZ SHAHBAZI | | Date of Receipt |
| Mailing Address 150 EAST 58TH STREET | | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| NEW YORK | NY | 10155 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.18401 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| KS PARTNERS, LLC | REAL ESTATE | <input type="text" value="5000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="5000.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MICHAEL SULLIVAN | | Date of Receipt |
| Mailing Address 141 DALTON RD | | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| HOLLISTON | MA | 01746 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.18399 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| LINCHRIS | HOTEL MANAGEMENT | <input type="text" value="1000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MARY ANN TOCIO | | Date of Receipt |
| Mailing Address 490 LEXINGTON RD | | <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| CONCORD | MA | 01742 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.18379 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| BRIGHT HORIZONS | PRESIDENT & COO | <input type="text" value="5000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="5000.00"/> | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 168 |
| | <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 REPUBLICAN PARTY

A. PAUL C. TRANE
Full Name (Last, First, Middle Initial)

Mailing Address 70 E EMERSON STREET

City MELROSE State MA Zip Code 02176

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

Name of Employer PRINCIPAL Occupation TELECOM INSIGHT GROUP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.18412

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 7 FREEMAN STREET

City LYNNFIELD State MA Zip Code 01940

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

Name of Employer THE VARANO GROUP Occupation OWNER AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11AI.18410

Amount of Each Receipt this Period
 10000.00

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

Mailing Address 201 UPLAND AVENUE

City NEWTON State MA Zip Code 02461

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

Name of Employer MARJOS BUSINESS CONSULTING, LLC Occupation ACTUARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 02 / 2014
Transaction ID : SA11AI.18436

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 15250.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 27 OF 168 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. CHRISTOPHER VINCZE
Full Name (Last, First, Middle Initial)

Mailing Address 1 EISENHAURE LN

City NORTH READING State MA Zip Code 01864

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

Name of Employer TRC COMPANIES Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1085.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11AI.18444

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2 ORCHARD ROAD

City GLOUCESTER State MA Zip Code 01930

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

Name of Employer SUSTAINX INC Occupation PRESIDENT AND CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2585.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11AI.18348

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3500.00 |
| TOTAL This Period (last page this line number only).....▶ | 272000.00 |

**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 28 OF 168 |
| <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 REPUBLICAN PARTY

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC) | | Date of Receipt |
| Mailing Address 82 DEVONSHIRE STREET N5A | | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : SA11C.18394 |
| BOSTON | MA | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Zip Code | <input type="text" value="5000.00"/> |
| C C00215046 | 02109 | |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="5000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE-FEDERAL (GEPAC FEDERAL) | | Date of Receipt |
| Mailing Address 1299 PENNSYLVANIA AVE NW SUITE 900 | | <input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : SA11C.18342 |
| WASHINGTON | DC | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Zip Code | <input type="text" value="5000.00"/> |
| C C00492223 | 20004 | |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="5000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC) | | Date of Receipt |
| Mailing Address 25 MASSACHUSETTS AVENUE, NW SUITE 400 | | <input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2014"/> |
| City | State | Transaction ID : SA11C.18335 |
| WASHINGTON | DC | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | Zip Code | <input type="text" value="5000.00"/> |
| C C00076810 | 20001 | |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="5000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

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

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

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

FOR LINE NUMBER: PAGE 29 OF 168
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. GLAXOSMITHKLINE LLC PAC (GSK PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address FIVE MOORE DRIVE
 PO BOX 13358
 City RES. TRIANGLE PARK State NC Zip Code 27709
 FEC ID number of contributing federal political committee. **C** C00199703
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : SA11C.18459
 Amount of Each Receipt this Period
 2500.00

B. PFIZER INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 EAST 42ND STREET
 City NEW YORK State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C** C00016683
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : SA11C.18344
 Amount of Each Receipt this Period
 2500.00

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

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 20000.00 |

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 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 22 CHERRY HILL DRIVE

City DANVERS State MA Zip Code 01923

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA12.18488

Amount of Each Receipt this Period
5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 47 BENTON ROAD

City BELMONT State MA Zip Code 02478

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

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

Transaction ID : SA12.18536

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 6 BLUE HERON LANE

City MANCHESTER State MA Zip Code 01944

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

Name of Employer Occupation
ABIOMED CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA12.18490

Amount of Each Receipt this Period
1200.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 31 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. MARK BERTOLINI
Full Name (Last, First, Middle Initial)

Mailing Address 14 WEST HILL

| | | |
|-----------------------|-------------|-------------------|
| City WEST HARTFORD | State CT | Zip Code 06119 |
|-----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID : SA12.18468

Amount of Each Receipt this Period
2500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 909 3RD AVENUE

| | | |
|------------------|-------------|-------------------|
| City NEW YORK | State NY | Zip Code 10022 |
|------------------|-------------|-------------------|

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

| | |
|----------------------------------|-------------------------|
| Name of Employer BLOOMBERG LP | Occupation EXECUTIVE |
|----------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18516

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 3 CHAPEL HILL RD.

| | | |
|-----------------|-------------|-------------------|
| City BEVERLY | State MA | Zip Code 01915 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------------|--------------------------------------|
| Name of Employer ABIOMED INC. | Occupation VP- PRODUCT OPERATIONS |
|----------------------------------|--------------------------------------|

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 |
| 10 | / | 20 | / | 2014 |

Transaction ID : SA12.18534

Amount of Each Receipt this Period
2000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 32 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 6 CHARLOTTE HILL DRIVE

City BERNARDSVILLE State NJ Zip Code 07924

FEC ID number of contributing federal political committee.

Name of Employer LEERINK SWANN INC. Occupation BANKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : SA12.18477

Amount of Each Receipt this Period

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 15410 HOLLY TRAIL LANE

City DAVIDSON State NC Zip Code 28036

FEC ID number of contributing federal political committee.

Name of Employer PRINCIPAL Occupation PCG

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : SA12.18526

Amount of Each Receipt this Period

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 229 COLD SPRING ROAD

City AVON State CT Zip Code 06001

FEC ID number of contributing federal political committee.

Name of Employer AETNA Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : SA12.18528

Amount of Each Receipt this Period

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|-----------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 33 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. HERBERT G. CHAMBERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 FERRY ROAD
 City OLD LYME State CT Zip Code 06371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHAMBER MOTOR CARS Occupation OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **10 / 20 / 2014**
Transaction ID : SA12.18532
 Amount of Each Receipt this Period **10000.00**
 JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE
[MEMO ITEM]

B. CHAPMAN VICTORY FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 CUMMINGS CENTER SUITE 4400
 City BEVERLY State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C C00568626**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25000.00**

Date of Receipt **10 / 31 / 2014**
Transaction ID : SA12.18465
 Amount of Each Receipt this Period **25000.00**
 JFC TRANSFER: SEE MEMO ATTRIBUTIONS

C. THOMAS BERK
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 MAYFLOWER LANE
 City DUXBURY State MA Zip Code 02332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROWN BROTHERS HARRIMAN & CO. Occupation PARTNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **10 / 30 / 2014**
Transaction ID : SA12.18465.0
 Amount of Each Receipt this Period **10000.00**
 JFC TRANSFER: CHAPMAN VICTORY FUND
[MEMO ITEM]

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 34 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 12 INTERVALE ROAD

City State Zip Code
WELLESLEY HILLS MA 02481

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

Name of Employer Occupation
HARVARD VANGUARD MEDICAL ASSOC ORTHOPEDIC SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.18465.1

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: CHAPMAN VICTORY FUND

[MEMO ITEM]

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

Mailing Address 11405 SKIPWITH LANE

City State Zip Code
POTOMAC MD 20854

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA12.18465.2

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: CHAPMAN VICTORY FUND

[MEMO ITEM]

C. CHARLES F. DAHER
Full Name (Last, First, Middle Initial)

Mailing Address 1 AVERY ST. 27B

City State Zip Code
BOSTON MA 02111

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

Name of Employer Occupation
COMMONWEALTH MOTORS OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.18522

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|---|------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 35 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. NANCY M. DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 520 HARRISON AVENUE #501

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18524

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 617 HIGHLAND STREET

| | | |
|------------------|-------------|-------------------|
| City HAMILTON | State MA | Zip Code 01982 |
|------------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer TEN MOUNTAIN CAPITAL | Occupation CEO |
|--|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18491

Amount of Each Receipt this Period
100.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. DOUGLAS A. DONAHUE
Full Name (Last, First, Middle Initial)

Mailing Address 580 MAIN STREET

| | | |
|-----------------|-------------|-------------------|
| City NORWELL | State MA | Zip Code 02061 |
|-----------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer BROWN BROS. HARRIMAN & CO. | Occupation FINANCE |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18492

Amount of Each Receipt this Period
5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 36 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 10 POINT WAY

City SUTTON State MA Zip Code 01590

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

Name of Employer RENEWAL BY ANDERSEN Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA12.18471

Amount of Each Receipt this Period 5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 619 BEACON STREET

City NEWTON State MA Zip Code 02459

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA12.18484

Amount of Each Receipt this Period 500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 100 BEACON STREET

City BOSTON State MA Zip Code 02116

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

Name of Employer GREYLOCK MANAGEMENT Occupation VENTURE CAPITAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA12.18478

Amount of Each Receipt this Period 5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 37 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

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

Mailing Address 3 PARTRIDGE HILL ROAD

City DOVER State MA Zip Code 02030

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

Name of Employer SCHOCHET COMPANIES Occupation REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA12.18486

Amount of Each Receipt this Period
 2500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 5 BROOKFIELD ROAD

City WELLESLEY State MA Zip Code 02481

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

Name of Employer AGC PARTNERS Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA12.18480

Amount of Each Receipt this Period
 10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. MICHAEL G. HOWLEY
Full Name (Last, First, Middle Initial)

Mailing Address 29 TOPSFIELD ROAD

City BOXFORD State MA Zip Code 01921

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

Name of Employer ABIOMED Occupation VP, SALES

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
 10 / 28 / 2014

Transaction ID : SA12.18494

Amount of Each Receipt this Period
 1500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 38 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. TIMOTHY HUNT
Full Name (Last, First, Middle Initial)

Mailing Address 11 CANDY HILL LANE

| | | |
|-----------------|-------------|-------------------|
| City SUDBURY | State MA | Zip Code 01776 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------|-----------------------|
| Name of Employer CUBIST | Occupation BIOTECH |
|----------------------------|-----------------------|

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 |
| 10 | / | 20 | / | 2014 |

Transaction ID : SA12.18541

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. ALBERT J. KANEB
Full Name (Last, First, Middle Initial)

Mailing Address 2 NEWTON EXECUTIVE PARK STE 302

| | | |
|----------------|-------------|-------------------|
| City NEWTON | State MA | Zip Code 02462 |
|----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID : SA12.18466

Amount of Each Receipt this Period
5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 294 COMMONWEALTH AVE

| | | |
|----------------|-------------|-------------------|
| City BOSTON | State MA | Zip Code 02115 |
|----------------|-------------|-------------------|

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

| | |
|---------------------------------|-------------------------|
| Name of Employer BRUKER CORP | Occupation EXECUTIVE |
|---------------------------------|-------------------------|

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 |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18518

Amount of Each Receipt this Period
500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 39 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. JEFF LEERINK
Full Name (Last, First, Middle Initial)

Mailing Address 90 SARGENT ROAD

City BROOKLINE State MA Zip Code 02445

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

Name of Employer LEERINK PARTNERS Occupation CHAIRMAN & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 8000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA12.18496

Amount of Each Receipt this Period
 8000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 101 HUNTINGTON AVENUE SUITE 2200

City BOSTON State MA Zip Code 02199

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

Name of Employer JENZABAR, INC. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA12.18481

Amount of Each Receipt this Period
 9000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. MASSACHUSETTS VICTORY COMMITTEE
Full Name (Last, First, Middle Initial)

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390881.33

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

Transaction ID : SA12.18461

Amount of Each Receipt this Period
 41484.14

JFC TRANSFER: SEE MEMO ATTRIBUTIONS

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 41484.14 |
| 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 40 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)
A. MASSACHUSETTS VICTORY COMMITTEE

Mailing Address 310 FIRST STREET SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20003 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475008.40

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18462

Amount of Each Receipt this Period
84127.07

JFC TRANSFER: SEE MEMO ATTRIBUTIONS

Full Name (Last, First, Middle Initial)
B. MASSACHUSETTS VICTORY COMMITTEE

Mailing Address 310 FIRST STREET SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20003 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536003.38

Date of Receipt

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

Transaction ID : SA12.18463

Amount of Each Receipt this Period
60994.98

JFC TRANSFER: SEE MEMO ATTRIBUTIONS

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

Mailing Address 776 BOYLSTON ST., #E09G

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| BOSTON | MA | 02199 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| CITIZENS FINANCIAL GROUP, INC. | EXECUTIVE |

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 |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18514

Amount of Each Receipt this Period
2500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | | |
|---|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 145122.05 |
| 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 41 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. PETER MCAVINN
Full Name (Last, First, Middle Initial)
Mailing Address 49 FISKE ROAD

| | | |
|---|-------------------------------------|-------------------|
| City WELLESLEY | State MA | Zip Code 02481 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NEW YORK LIFE | Occupation MANAGING PARTNER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2000.00 | |

Date of Receipt
10 / 20 / 2014
Transaction ID : SA12.18538

Amount of Each Receipt this Period
2000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. FRANK MCCOURT
Full Name (Last, First, Middle Initial)
Mailing Address C/O MCCOURT GLOBAL

| | | |
|---|---------------------------------------|-------------------|
| City NEW YORK | State NY | Zip Code 10106 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer MCCOURT GLOBAL | Occupation REAL ESTATE DEVELOPMENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

Date of Receipt
10 / 31 / 2014
Transaction ID : SA12.18470

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. STEPHEN C. MCEVOY
Full Name (Last, First, Middle Initial)
Mailing Address 15 DAY SCHOOL LANE

| | | |
|---|-------------------------------------|-------------------|
| City BELMONT | State MA | Zip Code 02478 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer ABIOMED, INC. | Occupation ATTORNEY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

Date of Receipt
10 / 28 / 2014
Transaction ID : SA12.18498

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 42 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. IAN MCLEOD
Full Name (Last, First, Middle Initial)

Mailing Address 22 DELEHANTY DRIVE

City State Zip Code
TEWKSBURY MA 01876

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

Name of Employer Occupation
ABIOMED INC. CORPORATE CONTROLLER

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
10 / 28 / 2014

Transaction ID : SA12.18500

Amount of Each Receipt this Period
500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. MICHAEL R. MINOGUE
Full Name (Last, First, Middle Initial)

Mailing Address 3 VERANDA CIRCLE

City State Zip Code
HAMILTON MA 01982

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

Name of Employer Occupation
ABIOMED INC CHAIRMAN & CEO

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
10 / 28 / 2014

Transaction ID : SA12.18502

Amount of Each Receipt this Period
1500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175000.00

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

Transaction ID : SA12.18338

Amount of Each Receipt this Period
40000.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 43 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Date of Receipt |
| Mailing Address 320 FIRST STREET SE | | <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> |
| City State Zip Code WASHINGTON DC 20003 | | Transaction ID : SA12.18359 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00075820"/> | | Amount of Each Receipt this Period <input type="text" value="50000.00"/> |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="225000.00"/> | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Date of Receipt |
| Mailing Address 320 FIRST STREET SE | | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City State Zip Code WASHINGTON DC 20003 | | Transaction ID : SA12.18388 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00075820"/> | | Amount of Each Receipt this Period <input type="text" value="60000.00"/> |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="285000.00"/> | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE | | Date of Receipt |
| Mailing Address 320 FIRST STREET SE | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City State Zip Code WASHINGTON DC 20003 | | Transaction ID : SA12.18441 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00075820"/> | | Amount of Each Receipt this Period <input type="text" value="25000.00"/> |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="310000.00"/> | |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="135000.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 44 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. PETER M. NICHOLAS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1558

| | | |
|---|--------------------------------------|-------------------|
| City BOCA GRANDE | State FL | Zip Code 33921 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer RETIRED | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA12.18473

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. RUTH L. NICHOLAS
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1558

| | | |
|---|--------------------------------------|-------------------|
| City BOCA GRANDE | State FL | Zip Code 33921 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer RETIRED | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 10000.00 | |

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : SA12.18475

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. MATTHEW PLANO
Full Name (Last, First, Middle Initial)
Mailing Address 128 GLEASON ROAD

| | | |
|---|-------------------------------------|-------------------|
| City READING | State MA | Zip Code 01867 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer ABIOMED | Occupation VP MANUFACTURING | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2014
Transaction ID : SA12.18545

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 45 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. ROBERT L. POWERS
Full Name (Last, First, Middle Initial)
Mailing Address 11 GRAYSTONE LANE

| | | |
|----------------|-------------|-------------------|
| City WESTON | State MA | Zip Code 02493 |
|----------------|-------------|-------------------|

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

| | |
|-----------------------------|-------------------|
| Name of Employer ABIOMED | Occupation CFO |
|-----------------------------|-------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18504

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

B. DOROTHY PUHY
Full Name (Last, First, Middle Initial)
Mailing Address 49 FIELDSTONE FARM ROAD

| | | |
|-----------------|-------------|-------------------|
| City SUDBURY | State MA | Zip Code 01776 |
|-----------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer DANA FARBER CANCER INSTITUTE | Occupation EVP/COO |
|--|-----------------------|

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 |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18506

Amount of Each Receipt this Period
500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. DANIEL H. RAESS
Full Name (Last, First, Middle Initial)
Mailing Address 85 STANTON CIRCLE

| | | |
|-----------------|-------------|-------------------|
| City BOXFORD | State MA | Zip Code 01921 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------------|--|
| Name of Employer ABIOMED INC. | Occupation PHYSICIAN MEDICAL DIRECTOR |
|----------------------------------|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 28 | / | 2014 |

Transaction ID : SA12.18508

Amount of Each Receipt this Period
1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. SHARI REDSTONE
Full Name (Last, First, Middle Initial)

Mailing Address 7 LONGMEADOW DRIVE

City WESTWOOD State MA Zip Code 02090

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

Name of Employer NATIONAL AMUSEMENTS Occupation 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
 10 / 20 / 2014

Transaction ID : SA12.18540

Amount of Each Receipt this Period
10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
998700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.18417

Amount of Each Receipt this Period
80000.00

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

Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1038700.00

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

Transaction ID : SA12.18447

Amount of Each Receipt this Period
40000.00

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 120000.00 |
| 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 47 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. REPUBLICAN NATIONAL COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 FIRST STREET SE
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00003418
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1049360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA12.18448
 Amount of Each Receipt this Period
 10660.00

B. KEVIN ROLLINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 CLAYBROOK ROAD
 City DOVER State MA Zip Code 02030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA12.18530
 Amount of Each Receipt this Period
 10000.00
 JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE
[MEMO ITEM]

C. MATTHEW ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 WHITEHOUSE LN
 City WESTON State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EASTHAM CAPITAL MANAGING DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : SA12.18543
 Amount of Each Receipt this Period
 2000.00
 JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE
[MEMO ITEM]

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 10660.00 |
| 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 48 OF 168 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. WILLIAM H. SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 95 THISTLE ROAD

City NORTH ANDOVER State MA Zip Code 01845

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

Name of Employer HOB HEALTHCARE MANAGEMENT SERVICE Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA12.18510

Amount of Each Receipt this Period 2000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address P.O. BOX 7326

City FITCHBURG State MA Zip Code 01420

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

Name of Employer SELF EMPLOYED Occupation LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA12.18520

Amount of Each Receipt this Period 5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

C. DAVID M. WEBER
Full Name (Last, First, Middle Initial)

Mailing Address 9 HANSON ROAD

City ANDOVER State MA Zip Code 01810

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

Name of Employer ABIOMED Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA12.18512

Amount of Each Receipt this Period 2000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| FOR LINE NUMBER: | | PAGE 49 OF 168 | |
| (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

A. DAVID C. WEINSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 158 COTTON STREET

City NEWTON State MA Zip Code 02458

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

Name of Employer SELF Occupation LAWYER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.18482

Amount of Each Receipt this Period
2500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 517266.19 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. 1505 COMMONWEALTH AVE BUSINESS CENTER LLC

Mailing Address 20 LINDEN ST, SUITE 202

City ALSTON State MA Zip Code 02134

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20081

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement
OFFICE SUPPLIES: INK TONER

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.20085

Amount of Each Disbursement this Period

146.83

Full Name (Last, First, Middle Initial)

C. AMAZON.COM

Mailing Address 1516 2ND AVE

City SEATTLE State WA Zip Code 98101

Purpose of Disbursement
OFFICE SUPPLIES: ROUTERS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.20086

Amount of Each Disbursement this Period

261.54

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

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

3908.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS MERCHANT SERVICES

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 03 | | | 2014 | | | |

Mailing Address PO BOX 981540

Transaction ID : SB21B.20087

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

| |
|------|
| 7.95 |
|------|

Purpose of Disbursement
MERCHANT FEES

| |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS MERCHANT SERVICES

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2014 | | | |

Mailing Address PO BOX 981540

Transaction ID : SB21B.20088

City EL PASO State TX Zip Code 79998

Amount of Each Disbursement this Period

| |
|---------|
| 9417.75 |
|---------|

Purpose of Disbursement
MERCHANT FEES

| |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. AUTHORIZE.NET

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 18 | | | 2014 | | | |

Mailing Address PO BOX 8999

Transaction ID : SB21B.20092

City SAN FRANCISCO State CA Zip Code 94128

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement
MERCHANT FEES

| |
|---------------|
| Category/Type |
|---------------|

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

| |
|---------|
| 9450.70 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address PO BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 18 | | | 2014 | | | |

Transaction ID : SB21B.20093

Amount of Each Disbursement this Period

| |
|-------|
| 30.00 |
|-------|

Full Name (Last, First, Middle Initial)

B. JAMEL BAKER

Mailing Address 57 COOLIDGE STREET

City EVERETT State MA Zip Code 02149

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2014 | | | |

Transaction ID : SB21B.20215

Amount of Each Disbursement this Period

| |
|---------|
| 1040.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20094

Amount of Each Disbursement this Period

| |
|-------|
| 16.00 |
|-------|

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

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

| |
|---------|
| 1086.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20095

Amount of Each Disbursement this Period

29.95

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20096

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20097

Amount of Each Disbursement this Period

35.00

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

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

99.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.20098**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.20099**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB21B.20100**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2014

Transaction ID : SB21B.20101

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2014

Transaction ID : SB21B.20102

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. DORRIS BARROS

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20184

Amount of Each Disbursement this Period

364.00

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

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

434.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BASSWOOD RESEARCH

Mailing Address 4550 MONTGOMERY AVENUE, SUITE 906

City State Zip Code
BETHESDA MD 20814

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.20103

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

B. BASSWOOD RESEARCH

Mailing Address 4550 MONTGOMERY AVENUE, SUITE 906

City State Zip Code
BETHESDA MD 20814

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.20104

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. BJ'S

Mailing Address 25 RESEARCH DRIVE

City State Zip Code
WESTBOROUGH MA 01581

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20105

Amount of Each Disbursement this Period

546.09

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

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

80546.09

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BLAZING PADDLES AT GAME ON! FENWAY

Mailing Address 82 LANSLOWNE STREET

City BOSTON State MA Zip Code 02215

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20106

Amount of Each Disbursement this Period

| |
|---------|
| 8316.58 |
|---------|

Full Name (Last, First, Middle Initial)

B. DANIEL S BURACK

Mailing Address PO BOX 414

City EAST LONGMEADOW State MA Zip Code 01028-0414

Purpose of Disbursement
UTILITIES

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 |
| 11 | | | 24 | | | 2014 | | | |

Transaction ID : SB21B.20176

Amount of Each Disbursement this Period

| |
|---------|
| 1719.82 |
|---------|

Full Name (Last, First, Middle Initial)

C. BYTEBULB, INC.

Mailing Address PO BOX 51896

City BOSTON State MA Zip Code 02205

Purpose of Disbursement
TECHNOLOGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20108

Amount of Each Disbursement this Period

| |
|--------|
| 831.50 |
|--------|

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

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

| |
|----------|
| 10867.90 |
|----------|

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|--|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CALLAHAN SIGN, LLC

Mailing Address P.O. BOX 744

City PITTSFIELD State MA Zip Code 01202

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.20109

Amount of Each Disbursement this Period

1065.88

Full Name (Last, First, Middle Initial)

B. CHARLESTOWN SELF STORAGE

Mailing Address 50 TERMINAL ST
BLDG 1

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
STORAGE SPACE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.20116

Amount of Each Disbursement this Period

165.36

Full Name (Last, First, Middle Initial)

C. CHARLESTOWN SELF STORAGE

Mailing Address 50 TERMINAL ST
BLDG 1

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
STORAGE SPACE RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.20117

Amount of Each Disbursement this Period

165.36

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

1396.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHARTER COMMUNICATIONS

Mailing Address PO BOX 60187

City LOS ANGELES State CA Zip Code 90060-0187

Purpose of Disbursement
UTILITIES

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
10 / 30 / 2014

Transaction ID : SB21B.20118

Amount of Each Disbursement this Period

233.41

Full Name (Last, First, Middle Initial)

B. CHARTER COMMUNICATIONS

Mailing Address PO BOX 60187

City LOS ANGELES State CA Zip Code 90060-0187

Purpose of Disbursement
UTILITIES

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
10 / 30 / 2014

Transaction ID : SB21B.20120

Amount of Each Disbursement this Period

282.30

Full Name (Last, First, Middle Initial)

C. CHARTER COMMUNICATIONS

Mailing Address PO BOX 60187

City LOS ANGELES State CA Zip Code 90060-0187

Purpose of Disbursement
UTILITIES

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
11 / 17 / 2014

Transaction ID : SB21B.20119

Amount of Each Disbursement this Period

248.27

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

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

763.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHARTER COMMUNICATIONS

Mailing Address PO BOX 60187

City LOS ANGELES State CA Zip Code 90060-0187

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20121

Amount of Each Disbursement this Period

282.30

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20125

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20126

Amount of Each Disbursement this Period

1237.60

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

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

2469.90

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.20127

Amount of Each Disbursement this Period

1943.49

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.20128

Amount of Each Disbursement this Period

693.78

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20129

Amount of Each Disbursement this Period

3656.34

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

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

6293.61

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20130

Amount of Each Disbursement this Period

1322.80

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20131

Amount of Each Disbursement this Period

4271.65

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2014

Transaction ID : SB21B.20132

Amount of Each Disbursement this Period

950.00

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

6544.45

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
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 |
| 11 | | | 20 | | | 2014 | | | |

Transaction ID : SB21B.20133

Amount of Each Disbursement this Period

| |
|------|
| 0.50 |
|------|

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
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 |
| 11 | | | 24 | | | 2014 | | | |

Transaction ID : SB21B.20134

Amount of Each Disbursement this Period

| |
|--------|
| 743.08 |
|--------|

Full Name (Last, First, Middle Initial)

C. COLUMBIA GAS

Mailing Address PO BOX 742514

City CINCINNATI State OH Zip Code 45274-2514

Purpose of Disbursement
UTILITIES

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

Transaction ID : SB21B.20135

Amount of Each Disbursement this Period

| |
|-------|
| 21.86 |
|-------|

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

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

| |
|--------|
| 765.44 |
|--------|

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COLUMBIA GAS

Mailing Address PO BOX 742514

City CINCINNATI State OH Zip Code 45274-2514

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20136

Amount of Each Disbursement this Period

28.12

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20145

Amount of Each Disbursement this Period

270.50

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.20148

Amount of Each Disbursement this Period

283.30

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

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

581.92

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.20146

Amount of Each Disbursement this Period

270.48

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20137

Amount of Each Disbursement this Period

446.42

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20139

Amount of Each Disbursement this Period

273.50

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

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

990.40

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20141

Amount of Each Disbursement this Period

103.71

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20143

Amount of Each Disbursement this Period

546.96

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20144

Amount of Each Disbursement this Period

322.71

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

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

973.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20147

Amount of Each Disbursement this Period

270.32

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20150

Amount of Each Disbursement this Period

546.96

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20151

Amount of Each Disbursement this Period

270.27

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

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

1087.55

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20153

Amount of Each Disbursement this Period

546.96

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20154

Amount of Each Disbursement this Period

273.50

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20156

Amount of Each Disbursement this Period

330.69

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

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

1151.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB21B.20157

Amount of Each Disbursement this Period

| |
|--------|
| 273.50 |
|--------|

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB21B.20159

Amount of Each Disbursement this Period

| |
|--------|
| 521.32 |
|--------|

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20138

Amount of Each Disbursement this Period

| |
|--------|
| 123.71 |
|--------|

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

| |
|--------|
| 918.53 |
|--------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20140

Amount of Each Disbursement this Period

273.50

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20142

Amount of Each Disbursement this Period

103.71

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20152

Amount of Each Disbursement this Period

270.32

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

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

647.53

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20155

Amount of Each Disbursement this Period

273.50

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20158

Amount of Each Disbursement this Period

273.50

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address PO BOX 1577

City NEWARK State NJ Zip Code 07101-1577

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.20149

Amount of Each Disbursement this Period

283.30

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

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

830.30

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SB21B.20160

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20161

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.20162

Amount of Each Disbursement this Period

15.00

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

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

45.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB21B.20163

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20164

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : SB21B.20165

Amount of Each Disbursement this Period

20.00

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

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

50.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 30 | | 2014 |

Transaction ID : SB21B.20166

Amount of Each Disbursement this Period

| |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20167

Amount of Each Disbursement this Period

| |
|-------|
| 15.00 |
|-------|

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 03 | | 2014 |

Transaction ID : SB21B.20168

Amount of Each Disbursement this Period

| |
|-------|
| 15.00 |
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SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|-------|
| 50.00 |
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TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 03 | | | 2014 | | | |

Transaction ID : SB21B.20169

Amount of Each Disbursement this Period

| |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

B. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2014 | | | |

Transaction ID : SB21B.20170

Amount of Each Disbursement this Period

| |
|-------|
| 20.00 |
|-------|

Full Name (Last, First, Middle Initial)

C. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 07 | | | 2014 | | | |

Transaction ID : SB21B.20171

Amount of Each Disbursement this Period

| |
|-------|
| 15.00 |
|-------|

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

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|-------|
| 55.00 |
|-------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COMMERCE BANK & TRUST

Mailing Address 451 LINCOLN STREET

City WORCESTER State MA Zip Code 01605

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 10 / 2014

Transaction ID : SB21B.20172

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. COMMERCE INSURANCE CO.

Mailing Address 11 GORE ROAD

City WEBSTER State MA Zip Code 01570

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SB21B.20173

Amount of Each Disbursement this Period

514.04

Full Name (Last, First, Middle Initial)

C. COPY PRO

Mailing Address 46 FOWLE STREET

City WOBURN State MA Zip Code 01801

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.20174

Amount of Each Disbursement this Period

1791.30

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

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

2325.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DATA24-7

Mailing Address 1600 PROVIDENCE HWY

City WALPOLE State MA Zip Code 02081

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.20178

Amount of Each Disbursement this Period

560.00

Full Name (Last, First, Middle Initial)

B. TYRONE DAVIS

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20433

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. FABIAN DEPEIZA

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20195

Amount of Each Disbursement this Period

260.00

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

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

1080.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MARCELINA DESOCETO

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20245

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

B. MARY DIBELLA

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20248

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. DYNAMIC SOLUTIONS

Mailing Address PO BOX 130012

City BOSTON State MA Zip Code 02113

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.20188

Amount of Each Disbursement this Period

27000.00

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

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

27520.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB21B.20084

Amount of Each Disbursement this Period

| |
|--------|
| 165.60 |
|--------|

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement
FALK REIMBURSEMENT: MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB21B.20084.0

Amount of Each Disbursement this Period

| |
|-------|
| 50.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBTA

Mailing Address 700 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement
FALK REIMBURSEMENT: TRAVEL: RAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB21B.20084.1

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

[MEMO ITEM]

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

| |
|--------|
| 165.60 |
|--------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CVS PHARMACY

Mailing Address 101 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
FALK REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20084.2

Amount of Each Disbursement this Period

| |
|-------|
| 15.60 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDERAL ELECTION COMMISSION

Mailing Address FINANCE OFFICE
999 E. STREET, NW

City WASHINGTON State DC Zip Code 20463

Purpose of Disbursement
PAYMENT TO FEC

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 |
| 10 | | | 21 | | | 2014 | | | |

Transaction ID : SB21B.20196

Amount of Each Disbursement this Period

| |
|----------|
| 31000.00 |
|----------|

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20197

Amount of Each Disbursement this Period

| |
|-------|
| 18.77 |
|-------|

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

| |
|----------|
| 31018.77 |
|----------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City State Zip Code
PITTSBURG PA 15250

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 29 | | | 2014 | | | |

Transaction ID : SB21B.20198

Amount of Each Disbursement this Period

| |
|-------|
| 18.77 |
|-------|

Full Name (Last, First, Middle Initial)

B. JOSEPH FERGUS JR

Mailing Address 646 BLUE HILL AVE

City State Zip Code
DORCHESTER MA 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 06 | | | 2014 | | | |

Transaction ID : SB21B.20222

Amount of Each Disbursement this Period

| |
|--------|
| 390.00 |
|--------|

Full Name (Last, First, Middle Initial)

C. ROBERT FERRARA

Mailing Address 59 SIMS ROAD

City State Zip Code
QUINCY MA 02170

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 16 | | | 2014 | | | |

Transaction ID : SB21B.20403

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

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

| |
|---------|
| 1408.77 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ROBERT FERRARA | | Date of Disbursement MM / DD / YYYY 11 / 05 / 2014 |
| Mailing Address 59 SIMS ROAD | | Transaction ID : SB21B.20404 |
| City QUINCY | State MA | |
| Zip Code 02170 | Purpose of Disbursement FIELD CONSULTING | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ROBERT FERRARA | | Date of Disbursement MM / DD / YYYY 11 / 24 / 2014 |
| Mailing Address 59 SIMS ROAD | | Transaction ID : SB21B.20405 |
| City QUINCY | State MA | |
| Zip Code 02170 | Purpose of Disbursement FIELD CONSULTING | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. JOSHUA FLINT | | Date of Disbursement MM / DD / YYYY 11 / 06 / 2014 |
| Mailing Address 646 BLUE HILL AVE | | Transaction ID : SB21B.20223 |
| City DORCHESTER | State MA | |
| Zip Code 02121 | Purpose of Disbursement FIELD CONSULTING | Amount of Each Disbursement this Period 312.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 2312.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DERRICK FRAZIER

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20182

Amount of Each Disbursement this Period

390.00

Full Name (Last, First, Middle Initial)

B. MARK FULLER

Mailing Address 60 CLARENDON STREET, APT 1

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20246

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. FULL IMPACT PRODUCTIONS

Mailing Address 97 BETTS RD.

City BELMONT State MA Zip Code 02478

Purpose of Disbursement
EVENT STAGING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20201

Amount of Each Disbursement this Period

80000.00

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

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

100390.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. FULL IMPACT PRODUCTIONS

Mailing Address 97 BETTS RD.

City BELMONT State MA Zip Code 02478

Purpose of Disbursement
EVENT STAGING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2014

Transaction ID : SB21B.20202

Amount of Each Disbursement this Period

40000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. NICHOLAS GALLAGHER

Mailing Address 112 OLD FARM ROAD

City MILTON State MA Zip Code 02186

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.20266

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. NICHOLAS GALLAGHER

Mailing Address 112 OLD FARM ROAD

City MILTON State MA Zip Code 02186

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20267

Amount of Each Disbursement this Period

2000.00

Category/
Type

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

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

43000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20204

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20205

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.20206

Amount of Each Disbursement this Period

1750.00

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

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

2165.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JUNEAU GUERRIER

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20225

Amount of Each Disbursement this Period

442.00

Full Name (Last, First, Middle Initial)

B. JUNEAU GUERRIER

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20226

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

C. WILLIAM HAIRSTON

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20456

Amount of Each Disbursement this Period

273.00

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

780.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. UZUMA HARRIS

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : **SB21B.20440**

Amount of Each Disbursement this Period

247.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH HILL

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : **SB21B.20192**

Amount of Each Disbursement this Period

390.00

Full Name (Last, First, Middle Initial)

C. KIRSTEN HUGHES

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : **SB21B.20232**

Amount of Each Disbursement this Period

329.89

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

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

966.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement
HUGHES REIMBURSEMENT: MOBILE PHONE EXPENSE

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20232.0

Amount of Each Disbursement this Period

| |
|--------|
| 242.89 |
|--------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. P&P PARKING

Mailing Address 37 MERRIMAC STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
HUGHES REIMBURSEMENT: PARKING EXPENSE

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20232.1

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FOUR SEASONS HOTEL BOSTON

Mailing Address 200 BOYLSTON ST

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
HUGHES REIMBURSEMENT: PARKING EXPENSE

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20232.2

Amount of Each Disbursement this Period

| |
|-------|
| 22.00 |
|-------|

[MEMO ITEM]

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

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

| |
|------|
| 0.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LAZ PARKING

Mailing Address 200 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
HUGHES REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20232.3

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ADRIAN HUSBANDS

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20083

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. JCI CONSULTING, INC

Mailing Address 11 WING BLVD

City EAST SANDWICH State MA Zip Code 02537

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20219

Amount of Each Disbursement this Period

11635.93

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

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

11895.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20193

Amount of Each Disbursement this Period

275.24

Full Name (Last, First, Middle Initial)

B. GOVERNMENT CENTER GARAGE

Mailing Address 50 NEW SUDBURY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
KALMBACH REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20193.0

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
KALMBACH REIMBURSEMENT: 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
11 / 17 / 2014

Transaction ID : SB21B.20193.1

Amount of Each Disbursement this Period

31.83

[MEMO ITEM]

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

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

275.24

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MCDONALD'S

Mailing Address 117 MASSACHUSETTS TURNPIKE

City State Zip Code
NATICK MA 01760

Purpose of Disbursement
KALMBACH REIMBURSEMENT: TRAVEL: FOOD

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20193.2

Amount of Each Disbursement this Period

| |
|-------|
| 15.48 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address PO BOX 1100

City State Zip Code
ALBANY NY 12250

Purpose of Disbursement
KALMBACH REIMBURSEMENT: MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20193.3

Amount of Each Disbursement this Period

| |
|-------|
| 50.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City State Zip Code
BOSTON MA 02114

Purpose of Disbursement
KALMBACH REIMBURSEMENT: MILEAGE

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20193.4

Amount of Each Disbursement this Period

| |
|--------|
| 142.93 |
|--------|

[MEMO ITEM]

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

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

| |
|------|
| 0.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAUPPI COMMUNICATIONS

Mailing Address P.O. BOX 152

City WEST GROTON State MA Zip Code 01471

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : **SB21B.20229**

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

B. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 642333

City PITTSBURGH State PA Zip Code 15264-2333

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : **SB21B.20233**

Amount of Each Disbursement this Period

719.31

Full Name (Last, First, Middle Initial)

C. LAKESIDE BAR AND GRILL

Mailing Address 97 BOSTON TURNPIKE

City SHREWSBURY State MA Zip Code 01545

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : **SB21B.20234**

Amount of Each Disbursement this Period

1102.10

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

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

9821.41

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20123

Amount of Each Disbursement this Period

821.10

Full Name (Last, First, Middle Initial)

B. DAVID LEWIS

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20181

Amount of Each Disbursement this Period

234.00

Full Name (Last, First, Middle Initial)

C. LEXISNEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
ONLINE SUBSCRIPTIONS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20238

Amount of Each Disbursement this Period

150.00

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

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

1205.10

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LEE LIBURD

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 6 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20236

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 9 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. MAGELLAN STRATEGIES

Mailing Address 1685 BOXELDER STREET, SUITE 300

City LOUISVILLE State CO Zip Code 80027

Purpose of Disbursement
POLLING

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 |
| 1 | 0 | | 2 | 7 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20243

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 4 | 5 | . | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 512 MEANS STREET
SUITE 404

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement
SOFTWARE

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 |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20244

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|---|

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

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

| | | | | | |
|---|---|---|---|---|---|
| 4 | 1 | 6 | . | 5 | 0 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 3 | 2 | 5 | . | 0 | 0 |
|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAYLEE MANISCALCO

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20231

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

B. CHARLES MANNING

Mailing Address P.O. BOX 146751

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SB21B.20115

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CHANEL MARTINE

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 06 / 2014

Transaction ID : SB21B.20113

Amount of Each Disbursement this Period

351.00

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

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

5416.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHANEL MARTINE

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20114

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

B. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.20249

Amount of Each Disbursement this Period

41.30

Full Name (Last, First, Middle Initial)

C. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2014

Transaction ID : SB21B.20250

Amount of Each Disbursement this Period

45.15

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

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

151.45

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MASSDOT

Mailing Address 10 PARK PLAZA
SUITE 4160

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
TRAVEL: TOLLS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SB21B.20251

Amount of Each Disbursement this Period

50.95

Full Name (Last, First, Middle Initial)

B. ANN MOLONEY

Mailing Address 11 WORCESTER STREET, UNIT 1

City BOSTON State MA Zip Code 02118

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SB21B.20089

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. MULLIGAN'S DELI

Mailing Address 83 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20255

Amount of Each Disbursement this Period

38.20

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

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

7589.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MULLIGAN'S DELI

Mailing Address 83 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

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 |
| 10 | | | 23 | | | 2014 | | | |

Transaction ID : SB21B.20256

Amount of Each Disbursement this Period

| |
|-------|
| 44.24 |
|-------|

Full Name (Last, First, Middle Initial)

B. MULLIGAN'S DELI

Mailing Address 83 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2014 | | | |

Transaction ID : SB21B.20257

Amount of Each Disbursement this Period

| |
|-------|
| 52.75 |
|-------|

Full Name (Last, First, Middle Initial)

C. MULLIGAN'S DELI

Mailing Address 83 CANAL STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20258

Amount of Each Disbursement this Period

| |
|-------|
| 54.30 |
|-------|

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

| |
|--------|
| 151.29 |
|--------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NATIONAL GRID

Mailing Address PO BOX 11737

City NEWARK State NJ Zip Code 07101-4737

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20260

Amount of Each Disbursement this Period

24.24

Full Name (Last, First, Middle Initial)

B. NATIONAL GRID

Mailing Address PO BOX 11737

City NEWARK State NJ Zip Code 07101-4737

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20261

Amount of Each Disbursement this Period

684.91

Full Name (Last, First, Middle Initial)

C. NATIONAL GRID

Mailing Address PO BOX 11737

City NEWARK State NJ Zip Code 07101-4737

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20262

Amount of Each Disbursement this Period

248.69

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

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

957.84

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NATIONAL GRID

Mailing Address PO BOX 11737

City NEWARK State NJ Zip Code 07101-4737

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20263

Amount of Each Disbursement this Period

28.11

Full Name (Last, First, Middle Initial)

B. NATIONAL GRID

Mailing Address PO BOX 11737

City NEWARK State NJ Zip Code 07101-4737

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20264

Amount of Each Disbursement this Period

39.83

Full Name (Last, First, Middle Initial)

C. NATIONAL GRID

Mailing Address PO BOX 11737

City NEWARK State NJ Zip Code 07101-4737

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20265

Amount of Each Disbursement this Period

27.13

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

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

95.07

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITLIES

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

Transaction ID : SB21B.20268

Amount of Each Disbursement this Period

| |
|--------|
| 414.06 |
|--------|

Full Name (Last, First, Middle Initial)

B. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITLIES

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

Transaction ID : SB21B.20269

Amount of Each Disbursement this Period

| |
|-------|
| 33.73 |
|-------|

Full Name (Last, First, Middle Initial)

C. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITLIES

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

Transaction ID : SB21B.20271

Amount of Each Disbursement this Period

| |
|-------|
| 56.95 |
|-------|

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

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

| |
|--------|
| 504.74 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20273

Amount of Each Disbursement this Period

230.35

Full Name (Last, First, Middle Initial)

B. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20272

Amount of Each Disbursement this Period

71.46

Full Name (Last, First, Middle Initial)

C. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20274

Amount of Each Disbursement this Period

178.14

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

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

479.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NSTAR

Mailing Address PO BOX 660369

City DALLAS State TX Zip Code 75266-0369

Purpose of Disbursement
UTLITIES

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 |
| 1 | 1 | | 2 | 4 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20270

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 6 | 8 | . | 6 | 7 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. OVERNIGHT PRINTS

Mailing Address 7582 LAS VEGAS BLVD. S. SUITE #487

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement
PRINTING & DESIGN 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 |
| 1 | 0 | | 2 | 9 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20275

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 9 | 7 | . | 4 | 3 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. OVERNIGHT PRINTS

Mailing Address 7582 LAS VEGAS BLVD. S. SUITE #487

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement
PRINTING & DESIGN 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 |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20276

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 1 | 6 | . | 7 | 2 |
|---|---|---|---|---|---|

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

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

| | | | | | |
|---|---|---|---|---|---|
| 5 | 8 | 2 | . | 8 | 2 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 5 | 8 | 2 | . | 8 | 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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. OX-EYE PROPERTIES

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

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20277

Amount of Each Disbursement this Period

4434.00

Full Name (Last, First, Middle Initial)

B. PARK PRESS

Mailing Address 15 MAIN STREET

City SAUGUS State MA Zip Code 01906

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.20278

Amount of Each Disbursement this Period

3472.83

Full Name (Last, First, Middle Initial)

C. POLAND SPRINGS

Mailing Address PO BOX 856192

City LOUISVILLE State KY Zip Code 40285

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20392

Amount of Each Disbursement this Period

19.75

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

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

7926.58

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. QUALAN POWELL

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20393

Amount of Each Disbursement this Period

455.00

Full Name (Last, First, Middle Initial)

B. RCN BUSINESS

Mailing Address PO BOX 11816

City NEWARK State NJ Zip Code 07101-8116

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.20397

Amount of Each Disbursement this Period

235.73

Full Name (Last, First, Middle Initial)

C. RCN BUSINESS

Mailing Address PO BOX 11816

City NEWARK State NJ Zip Code 07101-8116

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20398

Amount of Each Disbursement this Period

242.75

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

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

933.48

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RCN BUSINESS

Mailing Address PO BOX 11816

City NEWARK State NJ Zip Code 07101-8116

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.20399

Amount of Each Disbursement this Period

149.46

Full Name (Last, First, Middle Initial)

B. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20400

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

C. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20401

Amount of Each Disbursement this Period

2766.30

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

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

5665.76

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RJA STRATEGIES LLC

Mailing Address 1505 COMMONWEALTH AVE, 5TH FLOOR

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SB21B.20402

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. AARON RUE

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014

Transaction ID : SB21B.20082

Amount of Each Disbursement this Period

520.00

Full Name (Last, First, Middle Initial)

C. SABATINO'S ITALIAN KITCHEN

Mailing Address 1443 COMMONWEALTH AVE

City BRIGHTON State MA Zip Code 02135

Purpose of Disbursement
CATERING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SB21B.20408

Amount of Each Disbursement this Period

128.26

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

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

4648.26

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SALIENT POINT LLC

Mailing Address PO BOX 960743

City BOSTON State MA Zip Code 02196

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20409

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. SCR & ASSOCIATES

Mailing Address 4 LEBLANC DRIVE

City DANVERS State MA Zip Code 01923

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : SB21B.20410

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SELCO

Mailing Address PO BOX 9258

City CHELSEA State MA Zip Code 02150-9258

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20411

Amount of Each Disbursement this Period

796.01

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

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

8796.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SELCO

Mailing Address PO BOX 9258

City State Zip Code
CHELSEA MA 02150-9258

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB21B.20412**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 1 | . | 8 | 8 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. SMITH & WOLLENSKY

Mailing Address 101 ARLINGTON ST

City State Zip Code
BOSTON MA 02116

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB21B.20417**

Amount of Each Disbursement this Period

| | | | | | | |
|---|---|---|---|---|---|---|
| 7 | 2 | 4 | 3 | . | 6 | 0 |
|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. STAPLES, INC.

Mailing Address 500 STAPLES DRIVE

City State Zip Code
FRAMINGHAM MA 01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : **SB21B.20419**

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 2 | . | 7 | 8 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 7 | 8 | 4 | . | 2 | 6 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 7 | 8 | 4 | . | 2 | 6 |
|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. STAPLES CREDIT PLAN

Mailing Address PO BOX 689020

City DES MOINES State IA Zip Code 50368

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20418

Amount of Each Disbursement this Period

| |
|-------|
| 62.68 |
|-------|

Full Name (Last, First, Middle Initial)

B. MARK STEFFEN

Mailing Address 1505 COMMONWEALTH AVE.
5TH FLOOR

City BOSTON State MA Zip Code 02120

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20247

Amount of Each Disbursement this Period

| |
|---------|
| 1344.37 |
|---------|

Full Name (Last, First, Middle Initial)

C. MARK STEFFEN

Mailing Address 1505 COMMONWEALTH AVE.
5TH FLOOR

City BOSTON State MA Zip Code 02120

Purpose of Disbursement
STEFFEN REIMBURSEMENT: MILEAGE

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 |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20247.0

Amount of Each Disbursement this Period

| |
|---------|
| 1049.48 |
|---------|

[MEMO ITEM]

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

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

| |
|---------|
| 1407.05 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HUNT'S PHOTO AND VIDEO

Mailing Address 520 COMMONWEALTH AVENUE

City BOSTON State MA Zip Code 02215

Purpose of Disbursement
STEFFEN REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20247.1

Amount of Each Disbursement this Period

44.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PRUDENTIAL CENTER GARAGE

Mailing Address 800 BOYLSTON STREET

City BOSTON State MA Zip Code 02199

Purpose of Disbursement
STEFFEN REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20247.2

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CLARENDON GARAGE

Mailing Address 100 CLARENDON STREET

City BOSTON State MA Zip Code 02110

Purpose of Disbursement
STEFFEN REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20247.3

Amount of Each Disbursement this Period

11.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SEAPORT GARAGE

Mailing Address ONE SEAPORT LANE

City BOSTON State MA Zip Code 02210

Purpose of Disbursement STEFFEN REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20247.4

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LAFAYETTE GARAGE

Mailing Address 18 AVE DE LAFAYETTE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement STEFFEN REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20247.5

Amount of Each Disbursement this Period

37.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. RED LINE PIZZA

Mailing Address 582 DORCHESTER AVE

City BOSTON State MA Zip Code 02127

Purpose of Disbursement STEFFEN REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20247.6

Amount of Each Disbursement this Period

8.28

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CIRCLE K

Mailing Address 129 WHALON STREET

City FITCHBURG State MA Zip Code 01420

Purpose of Disbursement
STEFFEN REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20247.7

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 3 | 1 | . | 0 | 0 |
|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ROYAL SONESTA

Mailing Address 40 EDWIN LAND BLVD

City CAMBRIDGE State MA Zip Code 02142

Purpose of Disbursement
STEFFEN REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20247.8

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 5 | . | 0 | 0 |
|---|---|---|---|---|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GILLETTE STADIUM PARK

Mailing Address 1 PATRIOT PLACE

City FOXBOROUGH State MA Zip Code 02035

Purpose of Disbursement
STEFFEN REIMBURSEMENT: PARKING EXPENSE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20247.9

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 5 | . | 0 | 0 |
|---|---|---|---|---|

[MEMO ITEM]

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

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

| | | | | |
|---|---|---|---|---|
| 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MARK STEFFEN

Mailing Address 1505 COMMONWEALTH AVE.
5TH FLOOR

City BOSTON State MA Zip Code 02120

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20478

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JANITA STIGGERS

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20218

Amount of Each Disbursement this Period

195.00

Full Name (Last, First, Middle Initial)

C. SUE WILLARD PRODUCTIONS

Mailing Address 265 LINCOLN ST.

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20421

Amount of Each Disbursement this Period

1575.00

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

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

4270.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SWIFTCURRENT STRATEGIES, INC.

Mailing Address 83 CABOT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.20422

Amount of Each Disbursement this Period

33948.88

Full Name (Last, First, Middle Initial)

B. SWIFTCURRENT STRATEGIES, INC.

Mailing Address 83 CABOT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20423

Amount of Each Disbursement this Period

9250.00

Full Name (Last, First, Middle Initial)

C. TATNUCK COUNTRY CLUB

Mailing Address 1222 PLEASANT STREET

City WORCESTER State MA Zip Code 01602-1698

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20426

Amount of Each Disbursement this Period

2550.00

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

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

45748.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. TAUNTON MUNICIPAL LIGHT PLANT

Mailing Address PO BOX 870

City TAUNTON State MA Zip Code 02780

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB21B.20427

Amount of Each Disbursement this Period

| |
|--------|
| 176.09 |
|--------|

Full Name (Last, First, Middle Initial)

B. TAUNTON MUNICIPAL LIGHT PLANT

Mailing Address PO BOX 870

City TAUNTON State MA Zip Code 02780

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20428

Amount of Each Disbursement this Period

| |
|--------|
| 139.80 |
|--------|

Full Name (Last, First, Middle Initial)

C. THE ADAMS PUB

Mailing Address 29 HANCOCK ST

City QUINCY State MA Zip Code 02171

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 03 | | | 2014 | | | |

Transaction ID : SB21B.20430

Amount of Each Disbursement this Period

| |
|--------|
| 477.83 |
|--------|

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

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

| |
|--------|
| 793.72 |
|--------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. THE COMMON MARKET RESTAURANT

Mailing Address 97 WILLARD STREET

City QUINCY State MA Zip Code 02169

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 03 | | | 2014 | | | |

Transaction ID : SB21B.20431

Amount of Each Disbursement this Period

| |
|--------|
| 203.89 |
|--------|

Full Name (Last, First, Middle Initial)

B. THEMIS PIZZA & SUBS

Mailing Address 488 MARKET ST

City ROCKLAND State MA Zip Code 02370

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20432

Amount of Each Disbursement this Period

| |
|--------|
| 263.43 |
|--------|

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER D. THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 19 | | | 2014 | | | |

Transaction ID : SB21B.20514

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

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

| |
|----------|
| 15467.32 |
|----------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SIDDIQ TURNER

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 17 | | | 2014 | | | |

Transaction ID : SB21B.20415

Amount of Each Disbursement this Period

| |
|-------|
| 78.00 |
|-------|

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 4000 E SKYHARBOR BLVD

City PHOENIX State AZ Zip Code 85034

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

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

Transaction ID : SB21B.20435

Amount of Each Disbursement this Period

| |
|--------|
| 546.20 |
|--------|

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 20 | | | 2014 | | | |

Transaction ID : SB21B.20436

Amount of Each Disbursement this Period

| |
|--------|
| 686.00 |
|--------|

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

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

| |
|---------|
| 1310.20 |
|---------|

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.20437

Amount of Each Disbursement this Period

130000.00

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2014

Transaction ID : SB21B.20438

Amount of Each Disbursement this Period

60.97

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 31 MILK STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2014

Transaction ID : SB21B.20439

Amount of Each Disbursement this Period

2.32

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

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

130063.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL VALLARELLI | | Date of Disbursement MM / DD / YYYY 11 / 03 / 2014 |
| Mailing Address 138 HIGHLAND AVE #15 | | Transaction ID : SB21B.20253 |
| City SOMERVILLE | State MA | |
| Zip Code 02143 | Purpose of Disbursement FUNDRAISING CONSULTING | Amount of Each Disbursement this Period 5500.00 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. VERIZON | | Date of Disbursement MM / DD / YYYY 10 / 30 / 2014 |
| Mailing Address PO BOX 15124 | | Transaction ID : SB21B.20441 |
| City ALBANY | State NY | |
| Zip Code 12212-5124 | Purpose of Disbursement BROADBAND SERVICES | Amount of Each Disbursement this Period 441.34 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. VERIZON | | Date of Disbursement MM / DD / YYYY 10 / 30 / 2014 |
| Mailing Address PO BOX 15124 | | Transaction ID : SB21B.20443 |
| City ALBANY | State NY | |
| Zip Code 12212-5124 | Purpose of Disbursement BROADBAND SERVICES | Amount of Each Disbursement this Period 34.66 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5976.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 15124

City ALBANY State NY Zip Code 12212-5124

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20442

Amount of Each Disbursement this Period

109.99

Full Name (Last, First, Middle Initial)

B. VERIZON WIRELESS

Mailing Address PO BOX 1100

City ALBANY State NY Zip Code 12250

Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SB21B.20444

Amount of Each Disbursement this Period

90.00

Full Name (Last, First, Middle Initial)

C. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.20446

Amount of Each Disbursement this Period

58.43

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

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

258.42

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20447

Amount of Each Disbursement this Period

| |
|-------|
| 58.43 |
|-------|

Full Name (Last, First, Middle Initial)

B. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20448

Amount of Each Disbursement this Period

| |
|-------|
| 61.60 |
|-------|

Full Name (Last, First, Middle Initial)

C. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 21 | | | 2014 | | | |

Transaction ID : SB21B.20449

Amount of Each Disbursement this Period

| |
|-------|
| 97.73 |
|-------|

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

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

| |
|--------|
| 217.76 |
|--------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.20450

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.20451

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.20452

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 3 | | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.20453

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 5 | 8 | . | 4 | 3 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20454

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 1 | 5 | . | 7 | 2 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. W.B. MASON

Mailing Address 59 CENTRE STREET

City BROCKTON State MA Zip Code 02301

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.20455

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 2 | 4 | . | 1 | 3 |
|---|---|---|---|---|

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

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

| | | | | |
|---|---|---|---|---|
| 4 | 5 | . | 6 | 9 |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 4 | 5 | . | 6 | 9 |
|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HAYDEN WATTLEY

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20213

Amount of Each Disbursement this Period

390.00

Full Name (Last, First, Middle Initial)

B. LINDA WOODWARD

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2014

Transaction ID : SB21B.20240

Amount of Each Disbursement this Period

195.00

Full Name (Last, First, Middle Initial)

C. GORDON WORTHY

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2014

Transaction ID : SB21B.20203

Amount of Each Disbursement this Period

520.00

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

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

1105.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. WUFOO

Mailing Address 12157 W LINBAUGH AVE
PMB 327

City TAMPA State FL Zip Code 33626

Purpose of Disbursement
WEB HOSTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.20457

Amount of Each Disbursement this Period

29.95

Full Name (Last, First, Middle Initial)

B. TYRONE YOUNG

Mailing Address 646 BLUE HILL AVE

City DORCHESTER State MA Zip Code 02121

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20434

Amount of Each Disbursement this Period

260.00

Full Name (Last, First, Middle Initial)

C. ZOUZAS, LLC

Mailing Address 227 CHELMSFORD STREET

City CHELMSFORD State MA Zip Code 01824

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.20458

Amount of Each Disbursement this Period

450.00

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

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

739.95

632422.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MR. DAVID BARLOW

Mailing Address 640 LEWIS WHARF

City State Zip Code
BOSTON MA 02110

Purpose of Disbursement
CONTRIBUTION REFUND

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 |
| 10 | | | 21 | | | 2014 | | | |

Transaction ID : SB28A.20180

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. MATTHEW CHRISTENSEN

Mailing Address 42 REGENT ST

City State Zip Code
CAMBRIDGE MA 02140

Purpose of Disbursement
CONTRIBUTION REFUND

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 |
| 10 | | | 23 | | | 2014 | | | |

Transaction ID : SB28A.20252

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. ROBERT HABER

Mailing Address 36 RIDGE HILL FARM ROAD

City State Zip Code
WELLESLEY MA 02482

Purpose of Disbursement
CONTRIBUTION REFUND

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 |
| 10 | | | 23 | | | 2014 | | | |

Transaction ID : SB28A.20483

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 1 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 1 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. EDWARD ROBERTS

Mailing Address 300 BOYLSTON ST
APT. 1102

City BOSTON State MA Zip Code 02116

Purpose of Disbursement
CONTRIBUTION REFUND

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
10 / 28 / 2014

Transaction ID : SB28A.20191

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4500.00

10670.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MEGAN M. ABASPOUR

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 22 / 2014

Transaction ID : SB30B.20287

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

B. MEGAN M. ABASPOUR

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 05 / 2014

Transaction ID : SB30B.20323

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

C. MEGAN M. ABASPOUR

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 19 / 2014

Transaction ID : SB30B.20361

Amount of Each Disbursement this Period

1300.00

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

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

3900.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20288

Amount of Each Disbursement this Period

| |
|---------|
| 1200.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 05 | | 2014 |

Transaction ID : SB30B.20324

Amount of Each Disbursement this Period

| |
|---------|
| 1200.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. MICHAEL P ADAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : SB30B.20362

Amount of Each Disbursement this Period

| |
|---------|
| 1200.00 |
|---------|

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

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

| |
|---------|
| 3600.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NICHOLAS P. BAYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 22 / 2014

Transaction ID : SB30B.20289

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

B. NICHOLAS P. BAYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 05 / 2014

Transaction ID : SB30B.20325

Amount of Each Disbursement this Period

1400.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS P. BAYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 19 / 2014

Transaction ID : SB30B.20363

Amount of Each Disbursement this Period

2300.00

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

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

5100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHARLYCE BOZZELLO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 22 / 2014

Transaction ID : SB30B.20290

Amount of Each Disbursement this Period

230.77

Full Name (Last, First, Middle Initial)

B. CHARLYCE BOZZELLO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 05 / 2014

Transaction ID : SB30B.20326

Amount of Each Disbursement this Period

230.77

Full Name (Last, First, Middle Initial)

C. CHARLYCE BOZZELLO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
11 / 19 / 2014

Transaction ID : SB30B.20364

Amount of Each Disbursement this Period

230.77

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

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

692.31

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

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PETER C. BROCKERMEYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.20291**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PETER C. BROCKERMEYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.20327**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PETER C. BROCKERMEYER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.20365**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CAPITOL RESOURCES, INC.

Mailing Address POST OFFICE BOX 257

City BROOKLYN State IA Zip Code 52211

Purpose of Disbursement
TELEPHONE BANK VOTER ID

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.21267

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. RYAN S. CHAMBERLAND

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20292

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. RYAN S. CHAMBERLAND

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20328

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RYAN S. CHAMBERLAND

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20366

Amount of Each Disbursement this Period

1615.38

Full Name (Last, First, Middle Initial)

B. THEODORE A CONRAD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SB30B.20293

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. THEODORE A CONRAD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20329

Amount of Each Disbursement this Period

1200.00

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

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

4015.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. THEODORE A CONRAD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20367

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. DANIEL J. CREME

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SB30B.20294

Amount of Each Disbursement this Period

230.77

Full Name (Last, First, Middle Initial)

C. DANIEL J. CREME

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20330

Amount of Each Disbursement this Period

230.77

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

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

1661.54

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DANIEL J. CREME

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20368

Amount of Each Disbursement this Period

230.77

Full Name (Last, First, Middle Initial)

B. ROBERT CUNNINGHAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SB30B.20279

Amount of Each Disbursement this Period

3076.92

Full Name (Last, First, Middle Initial)

C. ROBERT CUNNINGHAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20317

Amount of Each Disbursement this Period

3076.92

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

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

6384.61

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ROBERT CUNNINGHAM

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20354

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. YVONNE DEAN BAILEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20295

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. JOSHUA R DUARTE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20296

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JOSHUA R DUARTE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20331

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

B. JOSHUA R DUARTE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20369

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

C. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20280

Amount of Each Disbursement this Period

1461.54

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

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

2761.54

**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)

| | | | | | |
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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20318

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ALISON FALK

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20355

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NATHAN FATAL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20297

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NATHAN FATAL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.20332**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NATHAN FATAL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.20370**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEPHONE BANK VOTER ID

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **SB30B.21269**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement
TELEPHONE BANK VOTER ID

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 |
| 1 | 0 | | 3 | 0 | | 2 | 0 | 1 | 4 |

Transaction ID : SB30B.21272

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 5 | . | 4 | 6 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. HELEN C. GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB30B.20298

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 6 | 1 | . | 5 | 4 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. HELEN C. GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 5 | | 2 | 0 | 1 | 4 |

Transaction ID : SB30B.20333

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 6 | 1 | . | 5 | 4 |
|---|---|---|---|---|---|

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

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

| | | | | | |
|---|---|---|---|---|---|
| 9 | 6 | 8 | . | 5 | 4 |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 4 | 6 | 1 | . | 5 | 4 |
|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HELEN C. GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : SB30B.20371

Amount of Each Disbursement this Period

| |
|--------|
| 461.54 |
|--------|

Full Name (Last, First, Middle Initial)

B. MARY GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB30B.20299

Amount of Each Disbursement this Period

| |
|--------|
| 461.54 |
|--------|

Full Name (Last, First, Middle Initial)

C. MARY GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 05 | | 2014 |

Transaction ID : SB30B.20334

Amount of Each Disbursement this Period

| |
|--------|
| 461.54 |
|--------|

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

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

| |
|---------|
| 1384.62 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MARY GALLAGHER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20372

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GRAVIS MARKETING INC.

Mailing Address 910 BELLE AVE, SUITE 1180

City WINTER SPRING State FL Zip Code 32708

Purpose of Disbursement
TELEPHONE BANK VOTER ID

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.21275

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GRIDIRON COMMUNICATIONS

Mailing Address 3903 PORTAGE ROAD
SUITE C#262

City SOUTH BEND State IN Zip Code 46628

Purpose of Disbursement
EXEMPT SLATE CARD

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20208

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. GRIDIRON COMMUNICATIONS

Mailing Address 3903 PORTAGE ROAD
SUITE C#262

City SOUTH BEND State IN Zip Code 46628

Purpose of Disbursement
VOLUNTEER EXEMPT MAIL

Candidate Name
RICHARD R. TISEI

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20209

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6 | 3 | 6 | 0 | 4 | . | 0 | 0 |
|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. GRIDIRON COMMUNICATIONS

Mailing Address 3903 PORTAGE ROAD
SUITE C#262

City SOUTH BEND State IN Zip Code 46628

Purpose of Disbursement
VOLUNTEER EXEMPT MAIL

Candidate Name
RICHARD R. TISEI

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2014 | | | |

Transaction ID : SB30B.20210

Amount of Each Disbursement this Period

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3 | 0 | 9 | 3 | 1 | . | 6 | 0 |
|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. JORDAN GYS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20300

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 4 | 3 | 3 | . | 3 | 3 |
|---|---|---|---|---|---|

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

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | 4 | 9 | 6 | 8 | . | 9 | 3 |
|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | 4 | 9 | 6 | 8 | . | 9 | 3 |
|---|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JORDAN GYS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20335

Amount of Each Disbursement this Period

433.33

Full Name (Last, First, Middle Initial)

B. JORDAN GYS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20373

Amount of Each Disbursement this Period

433.33

Full Name (Last, First, Middle Initial)

C. KAYTLIN HURD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20301

Amount of Each Disbursement this Period

1300.00

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

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

2166.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAYTLIN HURD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20336

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

B. KAYTLIN HURD

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20374

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

C. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20281

Amount of Each Disbursement this Period

1653.85

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

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

4253.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20319

Amount of Each Disbursement this Period

1653.85

Full Name (Last, First, Middle Initial)

B. EMMALEE G. KALMBACH

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20356

Amount of Each Disbursement this Period

1653.85

Full Name (Last, First, Middle Initial)

C. BENJAMIN D. KEILMAN

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20302

Amount of Each Disbursement this Period

1200.00

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

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

4507.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BENJAMIN D. KEILMAN

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20337

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. BENJAMIN D. KEILMAN

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20375

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20282

Amount of Each Disbursement this Period

1476.92

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

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

3876.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20320

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER A. LANE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20357

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. COLLEEN R MALONEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20303

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COLLEEN R MALONEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 05 | | 2014 |

Transaction ID : SB30B.20338

Amount of Each Disbursement this Period

| |
|---------|
| 1300.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. COLLEEN R MALONEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : SB30B.20376

Amount of Each Disbursement this Period

| |
|---------|
| 1300.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. DEVON MANCHESTER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20304

Amount of Each Disbursement this Period

| |
|--------|
| 333.33 |
|--------|

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

| |
|---------|
| 2933.33 |
|---------|

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DEVON MANCHESTER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20339

Amount of Each Disbursement this Period

333.33

Full Name (Last, First, Middle Initial)

B. DEVON MANCHESTER

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20377

Amount of Each Disbursement this Period

333.33

Full Name (Last, First, Middle Initial)

C. BRIAN MCKEON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20305

Amount of Each Disbursement this Period

1384.62

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

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

2051.28

**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)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BRIAN MCKEON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20340

Amount of Each Disbursement this Period

1384.62

Full Name (Last, First, Middle Initial)

B. BRIAN MCKEON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20378

Amount of Each Disbursement this Period

1384.62

Full Name (Last, First, Middle Initial)

C. ALEXANDER MILNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20306

Amount of Each Disbursement this Period

461.54

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

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

3230.78

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALEXANDER MILNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20341

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

B. ALEXANDER MILNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20379

Amount of Each Disbursement this Period

461.54

Full Name (Last, First, Middle Initial)

C. BRENDAN C. MOSS

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20283

Amount of Each Disbursement this Period

461.54

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

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

1384.62

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. BRENDAN C. MOSS | | Date of Disbursement MM / DD / YYYY 11 / 05 / 2014 |
| Mailing Address 85 MERRIMAC STREET SUITE 400 | | Transaction ID : SB30B.20321 |
| City BOSTON State MA Zip Code 02114 | Amount of Each Disbursement this Period 461.54 | |
| Purpose of Disbursement PAYROLL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. BRENDAN C. MOSS | | Date of Disbursement MM / DD / YYYY 11 / 19 / 2014 |
| Mailing Address 85 MERRIMAC STREET SUITE 400 | | Transaction ID : SB30B.20358 |
| City BOSTON State MA Zip Code 02114 | Amount of Each Disbursement this Period 461.54 | |
| Purpose of Disbursement PAYROLL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. HENRY MURRY | | Date of Disbursement MM / DD / YYYY 10 / 22 / 2014 |
| Mailing Address 85 MERRIMAC STREET SUITE 400 | | Transaction ID : SB30B.20307 |
| City BOSTON State MA Zip Code 02114 | Amount of Each Disbursement this Period 1200.00 | |
| Purpose of Disbursement PAYROLL | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | |
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| SUBTOTAL of Disbursements This Page (optional).....▶ | 2123.08 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HENRY MURRY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20342

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. HENRY MURRY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20380

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES, INC.

Mailing Address 468 GREAT ROAD

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20315

Amount of Each Disbursement this Period

4599.63

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

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

6999.63

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

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

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.20316

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

| |
|--------|
| 115.00 |
|--------|

Purpose of Disbursement
PAYROLL FEES

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2014 | | | |

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.20352

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

| |
|---------|
| 4323.76 |
|---------|

Purpose of Disbursement
PAYROLL TAXES

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2014 | | | |

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.20353

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

| |
|--------|
| 116.10 |
|--------|

Purpose of Disbursement
PAYROLL FEES

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

| |
|---------|
| 4554.86 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.20389

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

| |
|---------|
| 5656.32 |
|---------|

Purpose of Disbursement
PAYROLL TAXES

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Mailing Address 468 GREAT ROAD

Transaction ID : SB30B.20390

City ACTON State MA Zip Code 01720

Amount of Each Disbursement this Period

| |
|--------|
| 109.00 |
|--------|

Purpose of Disbursement
PAYROLL FEES

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DUSTIN J. ROMEIRO

Date of Disbursement

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

Mailing Address 85 MERRIMAC STREET
SUITE 400

Transaction ID : SB30B.20308

City BOSTON State MA Zip Code 02114

Amount of Each Disbursement this Period

| |
|--------|
| 230.77 |
|--------|

Purpose of Disbursement
PAYROLL

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

| |
|---------|
| 5996.09 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DUSTIN J. ROMEIRO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20343

Amount of Each Disbursement this Period

230.77

Full Name (Last, First, Middle Initial)

B. DUSTIN J. ROMEIRO

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20381

Amount of Each Disbursement this Period

230.77

Full Name (Last, First, Middle Initial)

C. GREGORY M. SCHMIDT

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SB30B.20309

Amount of Each Disbursement this Period

1200.00

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

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

1661.54

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. GREGORY M. SCHMIDT

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20344

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. GREGORY M. SCHMIDT

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20382

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. JOHN TAPLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20310

Amount of Each Disbursement this Period

600.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JOHN TAPLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 05 | | 2014 |

Transaction ID : SB30B.20345

Amount of Each Disbursement this Period

| |
|--------|
| 600.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. JOHN TAPLEY

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 19 | | 2014 |

Transaction ID : SB30B.20383

Amount of Each Disbursement this Period

| |
|--------|
| 600.00 |
|--------|

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER D. THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20284

Amount of Each Disbursement this Period

| |
|---------|
| 2538.46 |
|---------|

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

| |
|---------|
| 3738.46 |
|---------|

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER D. THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20322

Amount of Each Disbursement this Period

2538.46

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER D. THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20359

Amount of Each Disbursement this Period

2538.46

Full Name (Last, First, Middle Initial)

C. JUSTIN THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20347

Amount of Each Disbursement this Period

230.00

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

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

5306.92

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JUSTIN THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20348

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JUSTIN THOMPSON

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20384

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. IAN W TINCKNELL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20311

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. IAN W TINCKNELL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20346

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. IAN W TINCKNELL

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20385

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20312

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20349

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. BRIAN T. WYNNE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20386

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB30B.20313

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2014

Transaction ID : SB30B.20350

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

B. LILY E. ZARRELLA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : SB30B.20387

Amount of Each Disbursement this Period

3400.00

Full Name (Last, First, Middle Initial)

C. KATHRYN L. ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB30B.20314

Amount of Each Disbursement this Period

1153.85

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

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

6153.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KATHRYN L. ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : SB30B.20351

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

B. KATHRYN L. ZAZZERA

Mailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB30B.20388

Amount of Each Disbursement this Period

1153.85

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2307.70

254929.44

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
MASSACHUSETTS REPUBLICAN PARTY

| | | | |
|---|--|--------------------|--------------------------|
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee: | Full Name of Subordinate Committee JOHN CHAPMAN FOR CONGRESS | | |
| | Mailing Address 500 CUMMINGS CENTER SUITE 4400 | | |
| | City BEVERLY | State MA | ZIP Code 01915 |

| | | | |
|---|--|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Each Payee MULTI MEDIA SERVICES INCORPORATED | | Purpose of Expenditure PLACED MEDIA | Category/Type [] |
| Mailing Address 915 KING STREET, 2ND FLOOR | | Date M M / D D / Y Y Y Y 10 / 30 / 2014 | |
| City ALEXANDRIA | State VA | Zip Code 22314 | |
| Name of Federal Candidate Supported JOHN C. CHAPMAN | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential | State: MA District: 09 | Amount 47000.00 |
| Aggregate General Election Expenditure for this Candidate ▶ 47000.00 Transaction ID : SF.21279 | | | |

| | | | |
|---|---|---------------------------------|----------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | Category/Type [] |
| Mailing Address | | Date M M / D D / Y Y Y Y | |
| City | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential | State: _____ District: _____ | Amount [] |
| Aggregate General Election Expenditure for this Candidate ▶ [] | | | |

| | | | |
|---|---|---------------------------------|----------------------|
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | Category/Type [] |
| Mailing Address | | Date M M / D D / Y Y Y Y | |
| City | State | Zip Code | |
| Name of Federal Candidate Supported | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential | State: _____ District: _____ | Amount [] |
| Aggregate General Election Expenditure for this Candidate ▶ [] | | | |

| | |
|---|-----------------|
| SUBTOTAL of Expenditures This Page (optional)..... ▶ | 47000.00 |
| TOTAL This Period (last page this line number only)..... ▶ | 47000.00 |