

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Massachusetts Republican State Congressional Committee

ADDRESS (number and street) 85 Merrimac Street, Suite 400
 Check if different than previously reported. (ACC)
Boston MA 02114

2. **FEC IDENTIFICATION NUMBER** C00042622
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 Quarterly 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 (12G)
Election on 11 04 2008 in the State of MA
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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 Andersen

Signature of Treasurer Electronically Filed by Brent Andersen Date 06 11 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		14344.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	89949.01									
(c) Total Receipts (from Line 19)	21090.00	760402.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111039.01	774747.05								
7. Total Disbursements (from Line 31)	65719.83	729427.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45319.18	45319.18								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	31377.09									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	11300.00	509609.38
(i) Itemized (use Schedule A)	3790.00	144220.51
(ii) Unitemized	15090.00	653829.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	26261.00
(c) Other Political Committees (such as PACs)	15090.00	680090.89
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	6000.00	67000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	3228.99
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	10082.83
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	10082.83
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21090.00	760402.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21090.00	750319.88

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	49520.51
(ii) Non-Federal Share.....	0.00	10870.35
(b) Other Federal Operating Expenditures.....	53619.19	528861.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	53619.19	589251.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	952.09	1852.09
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	750.00	1025.00
(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))	750.00	1025.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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	10398.55	122298.87
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	10398.55	122298.87
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	65719.83	729427.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65719.83	718557.52

DETAILED SUMMARY PAGE
of Disbursements

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)	15090.00	680090.89
34. Total Contribution Refunds (from Line 28(d))	750.00	1025.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14340.00	679065.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	53619.19	578381.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	3228.99
38. Net Operating Expenditures (subtract Line 37 from Line 36)	53619.19	575152.57

Form/Schedule : **F3XA**

Transaction ID :

All donors who have contributed \$200 or more were sent a letter within 30 days asking for employer-occupation if one was not provided in order to meet best efforts policy.

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

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

FOR LINE NUMBER: PAGE 7 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Lori Anastos

Mailing Address P.O. Box 821

City State Zip Code
Yarmouth ME 04096

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

Name of Employer Occupation
Self Employed Bookkeeper

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: 81017.C171276

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 176 S. Pond Rd.

City State Zip Code
East Brookfield MA 01515

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

Name of Employer Occupation
Gavitt Wire & Cable Co Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 8

Transaction ID: 81017.C171204

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 45 Single Tree Road

City State Zip Code
Chestnut Hill MA 02467

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

Name of Employer Occupation
Brigham & Womens Hospital Cardiac Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171177

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
J.W. Cranney
 Mailing Address PO Box 55
 City Belmont State MA Zip Code 02478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 10 / 03 / 2008
Transaction ID: 81017.C171148
 Amount of Each Receipt this Period 500.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Barbara Ebert
 Mailing Address 16 Brewster Road
 City Wayland State MA Zip Code 01778
 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 ▼ 250.00
 Date of Receipt 10 / 07 / 2008
Transaction ID: 81017.C171178
 Amount of Each Receipt this Period 250.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Albion Fletcher
 Mailing Address 135 West St.
 City Braintree State MA Zip Code 02184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer General Electric Co. Occupation Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00
 Date of Receipt 10 / 07 / 2008
Transaction ID: 81017.C171182
 Amount of Each Receipt this Period 100.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 850.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Edmund Goodhue

Mailing Address 16 Cornerstone Drive
DO NOT MAIL

City Bridgewater State MA Zip Code 02324

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 ▼ 200.00

Date of Receipt MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 81017.C171245

Amount of Each Receipt this Period 50.00

Receipt

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

Mailing Address 118 Inman Street
Apt.1

City Cambridge State MA Zip Code 02139

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 ▼ 325.00

Date of Receipt MM / DD / YYYY
10 / 03 / 2008

Transaction ID: 81017.C171149

Amount of Each Receipt this Period 150.00

Receipt

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

Mailing Address 300 Bent St
DO NOT MAIL

City Cambridge State MA Zip Code 02141

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

Name of Employer Information Requested Occupation Corporate Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 03 / 2008

Transaction ID: 81017.C171165

Amount of Each Receipt this Period 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 / 45
(check only one)

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
John Medgyesy

Mailing Address 64 Stone Hedge Ln.

City State Zip Code
Attleboro MA 02703

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 81017.C171225

Amount of Each Receipt this Period
50.00

Receipt

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

Mailing Address 955 Massachusetts Ave #225

City State Zip Code
Cambridge MA 02139

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2008

Transaction ID: 81017.C171162

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 76 Camp Meeting Rd

City State Zip Code
Topsfield MA 01983

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

Name of Employer Peabody Office Furniture Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: 81017.C171171

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Henri Rauschenbach

Mailing Address 20 Depot Road
PO Box 1064

City State Zip Code
Brewster MA 02631

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

Name of Employer Occupation
Smith and Rauschenbach Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2008

Transaction ID: 81017.C171198

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 11 Beatrice Circle

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
VA Boston Healthcare System Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 81017.C171278

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address 30 Somerset St.

City State Zip Code
Belmont MA 02478

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

Name of Employer Occupation
Scully Signal President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: 81017.C171183

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

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

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Steven Snider	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 114 Shornecliffe Road	Transaction ID: 81017.C171175
	City State Zip Code Newton MA 02458-2421	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Pyramis Global Advisors Portfolio Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

B.	Full Name (Last, First, Middle Initial) Elaine Tierney	Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 82 Lionel Ave Apt D	Transaction ID: 81017.C171275
	City State Zip Code Waltham MA 02451	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Retired Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Stephen Washburn	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 80 Somerset Street	Transaction ID: 81017.C171188
	City State Zip Code Belmont MA 02478	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Self Employed Psychiatry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	5600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Watkins

Mailing Address 63 Garden Rd.
DO NOT MAIL

City State Zip Code
Wellesley MA 02481

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 8

Transaction ID: 81017.C171187

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

11300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 45
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Republican National Committee		Date of Receipt
	Mailing Address 310 First Street SE PO Box 77416		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20003-
	FEC ID number of contributing federal political committee.		<input type="text" value="C00003418"/>
	Name of Employer Political Committee		Occupation FEC ID: C00003418
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="67000.00"/>	
			Transaction ID: 81017.C171249
			Amount of Each Receipt this Period <input type="text" value="6000.00"/>
			Transfers From Affil./Auth. h.

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="6000.00"/>

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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Scr & Associates, LLC	Transaction ID: 81017.E10682 Date of Disbursement 10 / 01 / 2008
	Mailing Address 4 Leblanc Dr	Amount of Each Disbursement this Period 5000.00
	City Danvers State MA Zip Code 01923-	
	Purpose of Disbursement Fundraising Consultant Fee - party related non FEA	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTANT FEE - PARTY RELATED NON FEA

B.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 81017.E10772 Date of Disbursement 10 / 01 / 2008
	Mailing Address P.O. Box 36647 - 1CR	Amount of Each Disbursement this Period 325.00
	City Dallas State TX Zip Code 75235-1647	
	Purpose of Disbursement C. Faulkner reimbursement for airfare for training	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		C. FAULKNER REIMBURSEMENT FOR AIRFARE FOR TRAINING

C.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of Massachusetts	Transaction ID: 81017.E10712 Date of Disbursement 10 / 10 / 2008
	Mailing Address Landmark Center 401 Park Drive	Amount of Each Disbursement this Period 3163.44
	City Boston State MA Zip Code 02215-	
	Purpose of Disbursement Health Insurance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional)	▶	8488.44
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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Css Castle Self-Storage Mailing Address 39 Old Colony Ave. City Boston State MA Zip Code 02127- Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10713 Date of Disbursement 10 / 10 / 2008	Amount of Each Disbursement this Period 329.00 STORAGE
B.	Full Name (Last, First, Middle Initial) Bloomington Crowne Plaza Mailing Address 5401 Green Valley Dr. City Minneapolis State MN Zip Code 55437- Purpose of Disbursement Brunch Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10680 Date of Disbursement 10 / 01 / 2008	Amount of Each Disbursement this Period 3395.80 BRUNCH FEE
C.	Full Name (Last, First, Middle Initial) DataMarks Mailing Address 37B Averill Street, PO. Box 68 City Topsfield State MA Zip Code 01983- Purpose of Disbursement Mail Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10730 Date of Disbursement 10 / 01 / 2008	Amount of Each Disbursement this Period 593.03 MAIL PROCESSING

SUBTOTAL of Disbursements This Page (optional) ▶

4317.83

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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Christopher Faulkner	Transaction ID: 81017.E10771 Date of Disbursement 10 / 01 / 2008
	Mailing Address 12800 Sandy Court	Amount of Each Disbursement this Period 325.00
	City Granger State IN Zip Code 46530-	
	Purpose of Disbursement Reimbursement - see below	REIMBURSEMENT - SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Federal Express (Fed Ex)	Transaction ID: 81017.E10675 Date of Disbursement 10 / 02 / 2008
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 212.25
	City Pittsburgh State PA Zip Code 15250-	
	Purpose of Disbursement Express Mail	EXPRESS MAIL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Aaron Goulette	Transaction ID: 81017.E10778 Date of Disbursement 10 / 01 / 2008
	Mailing Address 65 Victoria St. #20	Amount of Each Disbursement this Period 524.27
	City Manchester State NH Zip Code 03101-	
	Purpose of Disbursement Reimbursement see below	REIMBURSEMENT SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

1061.52

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) Staples, Inc.</p> <p>Mailing Address Staples Credit Plan Dept. 80 - 0088936796</p> <p>City Des Moines State IA Zip Code 50368-9020</p> <p>Purpose of Disbursement A. Goulette reimbursement for office supplies and furniture</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10779 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 524.27</p> <p>[MEMO ITEM] MEMO: A. GOULETTE REIMIBURSEMENT FOR OFFICE SUPPLIES AND FURNITURE</p>
<p>B. Full Name (Last, First, Middle Initial) James Greene</p> <p>Mailing Address 3 Brown Terrace</p> <p>City Jamaica Plain State MA Zip Code 02130-</p> <p>Purpose of Disbursement Reimbursement for mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10709 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 127.94</p> <p>REIMBURSEMENT FOR MILEAGE</p>
<p>C. Full Name (Last, First, Middle Initial) Guardian Guardian</p> <p>Mailing Address Boston Group Office 1 Liberty Square</p> <p>City Boston State MA Zip Code 02109-</p> <p>Purpose of Disbursement Dental Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10765 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 499.75</p> <p>DENTAL INSURANCE</p>

SUBTOTAL of Disbursements This Page (optional)	627.69
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 State Congressional Committee

<p>A. Full Name (Last, First, Middle Initial) Bruce Harrison</p> <p>Mailing Address 101 Elm St</p> <p>City Wakefield State MA Zip Code 01880-</p> <p>Purpose of Disbursement Reimbursement for travel mail and office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10676 Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 165.00</p> <p>REIMBURSEMENT FOR TRAVEL MAIL AND OFFICE SUPPLIES</p>
<p>B. Full Name (Last, First, Middle Initial) Amber Hillman</p> <p>Mailing Address 78 Commercial St. #3</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Reimbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10783 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 266.52</p> <p>REIMBURSEMENT SEE BELOW</p>
<p>C. Full Name (Last, First, Middle Initial) Amber Hillman</p> <p>Mailing Address 78 Commercial St. #3</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement A. Hillman reimbursement for parking food and travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10780 Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 256.06</p> <p>A. HILLMAN REIMBURSEMENT FOR PARKING FOOD AND TRAVEL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

687.58

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Amber Hillman	Transaction ID: 81017.E10782 Date of Disbursement 10 / 10 / 2008
	Mailing Address 78 Commercial St. #3	Amount of Each Disbursement this Period 84.59
	City Boston State MA Zip Code 02215-	
	Purpose of Disbursement Reimbursement for parking food and travel	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR PARKING FOOD AND TRAVEL

B.	Full Name (Last, First, Middle Initial) Amber Hillman	Transaction ID: 81017.E10781 Date of Disbursement 10 / 10 / 2008
	Mailing Address 78 Commercial St. #3	Amount of Each Disbursement this Period 311.08
	City Boston State MA Zip Code 02215-	
	Purpose of Disbursement Reimbursement see below	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT SEE BELOW

C.	Full Name (Last, First, Middle Initial) Bjs Wholesale Club	Transaction ID: 81017.E10784 Date of Disbursement 10 / 10 / 2008
	Mailing Address 909 The Fellsway	Amount of Each Disbursement this Period 311.08
	City Medford State MA Zip Code 02155-	
	Purpose of Disbursement A. Hillman reimbursement for food and office supplies	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: A. HILLMAN REIMBURSEMENT FOR FOOD AND OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	▶	395.67
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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 81017.E10766 Date of Disbursement 10 / 01 / 2008
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 116.79
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Reimbursement for travel and parking	REIMBURSEMENT FOR TRAVEL AND PARKING
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Brett Kasper	Transaction ID: 81017.E10725 Date of Disbursement 10 / 10 / 2008
	Mailing Address 43 Eastern Ave. Apt. 3	Amount of Each Disbursement this Period 400.00
	City Lynn State MA Zip Code 01902-	
	Purpose of Disbursement Accounting Services	ACCOUNTING SERVICES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 81017.E10767 Date of Disbursement 10 / 01 / 2008
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 127.88
	City Belmont State MA Zip Code 02478-	
	Purpose of Disbursement reimbursement for travel	REIMBURSEMENT FOR TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

644.67

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 State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Barney Keller</p> <p>Mailing Address 187 Lewis Rd.</p> <p>City Belmont State MA Zip Code 02478-</p> <p>Purpose of Disbursement Reimbursement for travel and parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10726</p> <p>Date of Disbursement 10 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 123.79</p> <p>REIMBURSEMENT FOR TRAVEL AND PARKING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Adam Lamontagne</p> <p>Mailing Address 44 Montclair St.</p> <p>City Chicopee State MA Zip Code 01013-</p> <p>Purpose of Disbursement Reimbursement for travel and food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81017.E10711</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 121.99</p> <p>REIMBURSEMENT FOR TRAVEL AND FOOD</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Merchants Bankcard</p> <p>Mailing Address Fleet Bank 100 Federal Street</p> <p>City Boston State MA Zip Code 02110-</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81126.E10811</p> <p>Date of Disbursement 10 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>CREDIT CARD FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

270.78

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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 81126.E10810 Date of Disbursement 10 / 01 / 2008
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 139.89
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

B.	Full Name (Last, First, Middle Initial) Merchants Bankcard	Transaction ID: 81126.E10815 Date of Disbursement 10 / 08 / 2008
	Mailing Address Fleet Bank 100 Federal Street	Amount of Each Disbursement this Period 55.00
	City Boston State MA Zip Code 02110-	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD FEE

C.	Full Name (Last, First, Middle Initial) Frontier Technology MicroAge	Transaction ID: 81017.E10673 Date of Disbursement 10 / 01 / 2008
	Mailing Address PO Box 29451	Amount of Each Disbursement this Period 5855.78
	City Phoenix State AZ Zip Code 85062-	
	Purpose of Disbursement Computer/ Printer supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		COMPUTER/ PRINTER SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	6050.67
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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 81017.E10716 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. Box 7247-0322	
	City Philadelphia State PA Zip Code 19170-0322	Amount of Each Disbursement this Period 722.93
	Purpose of Disbursement Copier Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		COPIER

B.	Full Name (Last, First, Middle Initial) NStar Electric	Transaction ID: 81017.E10672 Date of Disbursement 10 / 01 / 2008
	Mailing Address PO Box 970030 DO NOT MAIL	
	City Boston State MA Zip Code 02297-0030	Amount of Each Disbursement this Period 1.50
	Purpose of Disbursement Utility Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		UTILITY

C.	Full Name (Last, First, Middle Initial) NStar Electric	Transaction ID: 81017.E10717 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 970030 DO NOT MAIL	
	City Boston State MA Zip Code 02297-0030	Amount of Each Disbursement this Period 352.10
	Purpose of Disbursement Utility Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		UTILITY

SUBTOTAL of Disbursements This Page (optional)	1076.53
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 State Congressional Committee

A.

Full Name (Last, First, Middle Initial)
Omni Parker House

Mailing Address 60 School Street

City Boston State MA Zip Code 02108-

Purpose of Disbursement
Event Deposit
Candidate Name

Category/
Type

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

Transaction ID: 81017.E10789
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

900.00

EVENT DEPOSIT

B.

Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Utilities
Candidate Name

Category/
Type

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

Transaction ID: 81017.E10788
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

653.37

UTILITIES

C.

Full Name (Last, First, Middle Initial)
Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement
Rent
Candidate Name

Category/
Type

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

Transaction ID: 81017.E10681
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

4064.50

RENT

SUBTOTAL of Disbursements This Page (optional)

5617.87

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 State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay Mailing Address PO Box 8295 City Boston State MA Zip Code 02266- Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10690 Date of Disbursement 10 / 02 / 2008
	Amount of Each Disbursement this Period 3847.77 Category/Type PAYROLL TAX

B. Full Name (Last, First, Middle Initial) Poland Spring Poland Spring Mailing Address Processing Center PO Box 52271 City Phoenix State AZ Zip Code 85072- Purpose of Disbursement Bottled Water Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10679 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 103.53 Category/Type BOTTLED WATER

C. Full Name (Last, First, Middle Initial) Boston Postmaster Mailing Address JW MCCORMACK STATION New Chardon Street City Boston State MA Zip Code 02114- Purpose of Disbursement Permit Renewal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10787 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 180.00 Category/Type PERMIT RENEWAL

SUBTOTAL of Disbursements This Page (optional) ▶	4131.30
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Jody's Quik Print Mailing Address P.O. Box 1068 City Middleton State MA Zip Code 01949- Purpose of Disbursement Letterhead Envelopes Business Cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10791 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 1653.35 LETTERHEAD ENVELOPES BUSINESS CARDS

B. Full Name (Last, First, Middle Initial) Bay State Realty Mailing Address 2 Park Plaza City Boston State MA Zip Code 02116- Purpose of Disbursement office space rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10724 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 5557.00 OFFICE SPACE RENTAL

C. Full Name (Last, First, Middle Initial) C&w Shopping Centers Mailing Address 95 State Street Suite 422 City Springfield State MA Zip Code 01103- Purpose of Disbursement Rent for Office Space Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10729 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 2400.00 RENT FOR OFFICE SPACE

SUBTOTAL of Disbursements This Page (optional) ▶	9610.35
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Staples, Inc.	Transaction ID: 81017.E10770 Date of Disbursement 10 / 01 / 2008
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796	Amount of Each Disbursement this Period 54.58
	City Des Moines	State IA
	Zip Code 50368-9020	Category/ Type
	Purpose of Disbursement Office Supplies	OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 81017.E10718 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 790047	Amount of Each Disbursement this Period 158.43
	City Saint Louis	State MO
	Zip Code 63179-	Category/ Type
	Purpose of Disbursement Phone Service	PHONE SERVICE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) RA The Red Apple	Transaction ID: 81017.E10674 Date of Disbursement 10 / 01 / 2008
	Mailing Address Ulla Lam P.O. Box 1579	Amount of Each Disbursement this Period 3844.82
	City Gloucester	State MA
	Zip Code 01931-	Category/ Type
	Purpose of Disbursement Delegate gifts	DELEGATE GIFTS
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	4057.83
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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 81215.E10898 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 516.18
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement Reimbursement see below.	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT SEE BELOW.

B.	Full Name (Last, First, Middle Initial) Avis Rent A Car, Inc	Transaction ID: 81215.E10902 Date of Disbursement 10 / 01 / 2008
	Mailing Address 7150 Humphrey Drive	Amount of Each Disbursement this Period 516.18
	City Saint Paul State MN Zip Code 55111-	
	Purpose of Disbursement P. Torkildsen reimbursement for car rental	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: P. TORKILDSEN REIMBURSEMENT FOR CAR RENTAL

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 81017.E10776 Date of Disbursement 10 / 01 / 2008
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 665.68
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement Reimbursement see below	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ► **1181.86**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 State Congressional Committee

A. Full Name (Last, First, Middle Initial) Bloomington Crowne Plaza Mailing Address 5401 Green Valley Dr. City Minneapolis State MN Zip Code 55437- Purpose of Disbursement P. Torkildsen reimbursement for lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81017.E10777 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 665.68 [MEMO ITEM] MEMO: P. TORKILDSEN REIMBURSEMENT FOR LODGING

B. Full Name (Last, First, Middle Initial) Peter Torkildsen Mailing Address 1 Stony Brook Road City Chelmsford State MA Zip Code 01863- Purpose of Disbursement Reimbursement - see below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E10900 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 1468.72 REIMBURSEMENT - SEE BELOW

C. Full Name (Last, First, Middle Initial) Hyatt Minneapolis Hotel Mailing Address 1300 Nicollet Mall City Minneapolis State MN Zip Code 55403- Purpose of Disbursement P. Torkildsen reimbursement for food and lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81215.E10904 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 1468.72 [MEMO ITEM] MEMO: P. TORKILDSEN REIMBURSEMENT FOR FOOD AND LODGING

SUBTOTAL of Disbursements This Page (optional) ▶	1468.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (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 State Congressional Committee

A.

Full Name (Last, First, Middle Initial)
Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
P. Torkildsen reimbursement for food travel and parking

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81215.E10897
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

136.00

P. TORKILDSEN REIMBURSEMENT FOR FOOD TRAVEL AND PARKING

B.

Full Name (Last, First, Middle Initial)
Peter Torkildsen

Mailing Address 1 Stony Brook Road

City Chelmsford State MA Zip Code 01863-

Purpose of Disbursement
Reimbursement - see below

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81215.E10899
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2075.72

REIMBURSEMENT - SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Bloomington Crowne Plaza

Mailing Address 5401 Green Valley Dr.

City Minneapolis State MN Zip Code 55437-

Purpose of Disbursement
P. Torkildsen reimbursement for food and lodging

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81215.E10903
Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

2075.72

[MEMO ITEM]
MEMO: P. TORKILDSEN REIMBURSEMENT FOR FOOD AND LODGING

SUBTOTAL of Disbursements This Page (optional) ▶

2211.72

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

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

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

FOR LINE NUMBER:
(check only one)

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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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 81017.E10719 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. Box 1	Amount of Each Disbursement this Period 462.37
	City Worcester State MA Zip Code 01654-	
	Purpose of Disbursement Phone	PHONE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 81017.E10748 Date of Disbursement 10 / 01 / 2008
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 110.00
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement R. Willington reimbursement for hotel	R. WILLINGTON REIMBURSEMENT FOR HOTEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 81017.E10750 Date of Disbursement 10 / 01 / 2008
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 147.09
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement R. Willington reimbursement for parking mileage and travel	R. WILLINGTON REIMBURSEMENT FOR PARKING MILEAGE AND TRAVEL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

719.46

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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 81017.E10749 Date of Disbursement 10 / 01 / 2008
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 183.15
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement R. Willington reimbursement for pizza for training	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		R. WILLINGTON REIMBURSEMENT FOR PIZZA FOR TRAINING

B.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 81017.E10722 Date of Disbursement 10 / 10 / 2008
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 129.65
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement Reimbursement for office supplies and travel	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR OFFICE SUPPLIES AND TRAVEL

C.	Full Name (Last, First, Middle Initial) Robert Willington	Transaction ID: 81017.E10721 Date of Disbursement 10 / 10 / 2008
	Mailing Address 12 Arlington Street	Amount of Each Disbursement this Period 136.28
	City Reading State MA Zip Code 01867-	
	Purpose of Disbursement Reimbursement for travel	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

449.08

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 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 State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City Reading State MA Zip Code 01867-

Purpose of Disbursement
Reimbursement for travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 81017.E10720

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

136.27

REIMBURSEMENT FOR TRAVEL

SUBTOTAL of Disbursements This Page (optional)

136.27

TOTAL This Period (last page this line number only)

53205.84

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Committee to Elect Beatty for US Senate

Mailing Address PO BOX 1599

City Harwich State MA Zip Code 02645-

Purpose of Disbursement
IN KIND MAILING ON BEHALF OF BEATTY FOR

Candidate Name
BEATTY FOR US SENATE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 81017.E10705

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

221.76

IN KIND: IN KIND MAILING
ON BEHALF OF BEATTY FOR
US SENATE

B. Full Name (Last, First, Middle Initial)
Richard Baker Committee to elect

Mailing Address 288 Middle St

City West Newbury State MA Zip Code 01985-

Purpose of Disbursement
IN-KIND MAILING ON BEHALF OF RICHARD BAK

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: 81017.E10702

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

730.33

IN KIND: IN-KIND MAILING
ON BEHALF OF RICHARD BAKER
FOR CONGRESS

SUBTOTAL of Disbursements This Page (optional)

952.09

TOTAL This Period (last page this line number only)

952.09

**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)

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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

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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Gregory DAgostino	Transaction ID: 81017.E10768
	Mailing Address 10 Liberty Sq. 4th Floor	Date of Disbursement 10 / 01 / 2008
	City Boston State MA Zip Code 02109-	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Refund of Contribution Refund of contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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

600.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Kathy Clarkeson	Transaction ID: 81017.E10687 Date of Disbursement 10 / 02 / 2008
	Mailing Address 66 Kane Dr.	Amount of Each Disbursement this Period 901.85
	City Scituate State MA Zip Code 02066-	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: 81017.E10792 Date of Disbursement 10 / 01 / 2008
	Mailing Address 7300 Hudson Blvd. Ste	Amount of Each Disbursement this Period 300.00
	City Saint Paul State MN Zip Code 55128-	
	Purpose of Disbursement FEA GOTV voter contact telephone calls	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FEA GOTV VOTER CONTACT TELEPHONE CALLS

C.	Full Name (Last, First, Middle Initial) James Greene	Transaction ID: 81017.E10689 Date of Disbursement 10 / 02 / 2008
	Mailing Address 3 Brown Terrace	Amount of Each Disbursement this Period 934.70
	City Jamaica Plain State MA Zip Code 02130-	
	Purpose of Disbursement Payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	2136.55
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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Bruce Harrison	Transaction ID: 81017.E10677 Date of Disbursement 10 / 02 / 2008
	Mailing Address 101 Elm St	Amount of Each Disbursement this Period 1000.00
	City Wakefield State MA Zip Code 01880-	
	Purpose of Disbursement Administrative Assistance Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADMINISTRATIVE ASSISTANCE

B.	Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 81017.E10683 Date of Disbursement 10 / 02 / 2008
	Mailing Address 16 Oval Road	Amount of Each Disbursement this Period 1256.04
	City Quincy State MA Zip Code 02170-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Barney Keller	Transaction ID: 81017.E10684 Date of Disbursement 10 / 02 / 2008
	Mailing Address 187 Lewis Rd.	Amount of Each Disbursement this Period 1088.57
	City Belmont State MA Zip Code 02478-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	3344.61
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 State Congressional Committee

A.	Full Name (Last, First, Middle Initial) Adam Lamontagne	Transaction ID: 81017.E10688 Date of Disbursement 10 / 02 / 2008
	Mailing Address 44 Montclair St.	Amount of Each Disbursement this Period 855.79
	City Chicopee State MA Zip Code 01013-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Communication, Inc. Majority	Transaction ID: 81017.E10790 Date of Disbursement 10 / 01 / 2008
	Mailing Address 274 Marconi Blvd. Suite 260	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43215-	
	Purpose of Disbursement Payment of Debt for FEA Get Out the Vote Mailing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYMENT OF DEBT FOR FEA GET OUT THE VOTE MAILING

C.	Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 81017.E10685 Date of Disbursement 10 / 02 / 2008
	Mailing Address 1 Stony Brook Road	Amount of Each Disbursement this Period 1635.16
	City Chelmsford State MA Zip Code 01863-	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	3490.95
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 State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City State Zip Code
Reading MA 01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81017.E10686

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

1426.44

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1426.44

TOTAL This Period (last page this line number only)

10398.55

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City Dublin	State NH	ZIP Code 03444-	

Outstanding Balance Beginning This Period		Transaction ID: LS90508.E11247	
6980.45			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	6980.45	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City Dublin	State NH	ZIP Code 03444-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11259	
3282.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3282.16	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City Dublin	State NH	ZIP Code 03444-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11260	
880.53			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	880.53	

1) SUBTOTALS This Period This Page (optional).....	▶	11143.14
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City	State	ZIP Code	
Dublin	NH	03444-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11261	
219.34			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	219.34	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City	State	ZIP Code	
Dublin	NH	03444-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11262	
5416.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5416.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates			Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street			
City	State	ZIP Code	
Dublin	NH	03444-	

Outstanding Balance Beginning This Period		Transaction ID: LS90513.E11263	
32.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	32.49	

1) SUBTOTALS This Period This Page (optional).....	▶	5668.08
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 3395.83	Transaction ID: LS90513.E11264	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3395.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90513.E11265	
Amount Incurred This Period 328.84	Payment This Period 0.00	Outstanding Balance at Close of This Period 328.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCM Associates	Nature of Debt (Purpose): Original debt for direct mail - party related non FEA
Mailing Address Steve Meyers 1283 Main Street	
City State ZIP Code Dublin NH 03444-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS90513.E11266	
Amount Incurred This Period 803.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 803.20

1) SUBTOTALS This Period This Page (optional).....	▶	4527.87
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		Transaction ID: LS90513.E11275	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-	

Outstanding Balance Beginning This Period <input type="text" value="250.00"/>		Transaction ID: LS90513.E11276	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lexis-Nexis			Nature of Debt (Purpose): Original debt for research party related
Mailing Address PO Box 7247-7090			
City Philadelphia	State PA	ZIP Code 19170-	

Outstanding Balance Beginning This Period <input type="text" value="1250.00"/>		Transaction ID: LS90513.E11277	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1750.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.	Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105	
City State ZIP Code Pittsburgh PA 15251-	

Outstanding Balance Beginning This Period 1652.00	Transaction ID: LS90513.E11291	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1652.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor mindShift Technologies, Inc.	Nature of Debt (Purpose): Original debt for IT Support party related non fea
Mailing Address PO Box 200105	
City State ZIP Code Pittsburgh PA 15251-	

Outstanding Balance Beginning This Period 1636.00	Transaction ID: LS90513.E11292	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1636.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Communication, Inc. Majority	Nature of Debt (Purpose): Payment of Debt for FEA Get Out the Vote Mailing
Mailing Address 274 Marconi Blvd. Suite 260	
City State ZIP Code Columbus OH 43215-	

Outstanding Balance Beginning This Period 6000.00	Transaction ID: LS81017.E10790	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 5000.00

1) SUBTOTALS This Period This Page (optional).....	▶	8288.00
2) TOTALS This Period (last page this line number only).....	▶	31377.09
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	31377.09