

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED PAGE 1/138 SECRETARY OF THE SENATE PUBLIC RECORDS

12 JAN 30 PM 1:21

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Khazei for Massachusetts

ADDRESS (number and street) PO Box 170721 Check if different than previously reported. (ACC) Boston MA 02117

2. FEC IDENTIFICATION NUMBER C00495879 3. IS THIS REPORT NEW (N) OR AMENDED (A) MA 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 10/01/2011 through 12/31/2011

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 Darryl R. Tattre Signature of Treasurer Darryl R. Tattre Date 01/25/2012

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

12020042078

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name
Khazei for Massachusetts

Report Covering the Period: From:

M	M	/	D	D	/	V	Y	Y	Y	Y
10			01				2011			

 To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31				2011		

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	16745.00	1313625.66
(b) Total Contribution Refunds (from Line 20(d))	278025.00	278075.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-261280.00	1035550.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	333011.79	804233.59
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	333011.79	804233.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	157572.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

12020042879

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Khazei for Massachusetts

Report Covering the Period: From: 10 / 01 / 2011 To: 12 / 31 / 2011

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15250.00	1238995.00
(ii) Unitemized.....	1495.00	74630.66
(iii) TOTAL of contributions from individuals ▶	16745.00	1313625.66
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	16745.00	1313625.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	960.19	1010.19
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	17705.19	1314635.85

12020042880

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	333011.79	804233.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	134.90	74214.29
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	278025.00	278075.00
(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 20(a), (b), and (c)).....	278025.00	278075.00
21. OTHER DISBURSEMENTS	0.00	540.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	611171.69	1157062.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	751039.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17705.19
25. SUBTOTAL (add Line 23 and Line 24).....	768744.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	611171.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	157572.97

12020042881

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

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

FOR LINE NUMBER: PAGE 5 OF 138
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Khazei for Massachusetts

A. Full Name (Last, First, Middle Initial)
Adam Kirsch

Mailing Address 274 Otis St

City State Zip Code
Newton MA 02465

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

Name of Employer Occupation
N/A Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2011

Transaction ID : 11ai-000002036

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Jonathan S. Klavens

Mailing Address 287 Waltham St

City State Zip Code
Newton MA 02465-1722

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

Name of Employer Occupation
Klavens Law Group, PC Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 11ai-000002037

Amount of Each Receipt this Period
250.00

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

Mailing Address 422 25th St

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Occupation
Fiji Water President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2011

Transaction ID : 11ai-000002054

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... 3250.00

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

12020042882

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 138
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Michael H Douvadjian		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 73 Ox Bow Road		Transaction ID : 11ai-000002056
City Weston	State MA	
Zip Code 02493		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer UBS	Occupation Financial Advisor	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. James Harmon		Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2011
Mailing Address 20 Brimmer St		Transaction ID : 11ai-000002058
City Boston	State MA	
Zip Code 02108		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Fidelity	Occupation Portfolio Manager	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Donald W. Mathis		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 305 Tidewater Dr		Transaction ID : 11ai-000002028
City Havre De Grace	State MD	
Zip Code 21078-4144		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Community Action Partnership	Occupation President & CEO	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

12020042883

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 138
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Richmond Mayo-Smith		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 5 Otis Pl		Transaction ID : 11ai-000002026
City Boston	State MA	
Zip Code 02108-1045		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 250.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Newell Flather		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 334 Otis St		Transaction ID : 11ai-000002047
City West Newton	State MA	
Zip Code 02465-2547		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer GMA Foundations	Occupation Consultant	Election Cycle-to-Date 500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Sarah Peter		Date of Receipt M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 575 Madison Ave 10th Floor		Transaction ID : 11ai-000002027
City New York	State NY	
Zip Code 10022		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Best Effort	Occupation Best Effort	Election Cycle-to-Date 2500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

12020042884

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

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

FOR LINE NUMBER: PAGE 8 OF 138

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

A. Full Name (Last, First, Middle Initial)
Jeffrey Joseph Bussgang

Mailing Address **115 Allerton Rd**

City **Newton** State **MA** Zip Code **02461-1201**

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

Name of Employer **Flybridge Capital Partners** Occupation **Venture Capitalist**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 12 2011

Transaction ID : **11ai-000002059**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Geoffrey T. Freeman

Mailing Address **245 Rockland Rd**

City **Carlisle** State **MA** Zip Code **01741-1303**

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

Name of Employer **Self** Occupation **Architect**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 12 2011

Transaction ID : **11ai-000002030**

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Barbara G. Littlefield

Mailing Address **3 Crowell Farm Rd**

City **Concord** State **MA** Zip Code **01742**

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

Name of Employer **Vercipia Biofuels** Occupation **Executive Vice President**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 12 2011

Transaction ID : **11ai-000002034**

Amount of Each Receipt this Period
500.00

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

1250.00

12020042885

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 138
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Stephanie M. O'Brien		Date of Receipt M M / D D / Y Y Y Y 10 12 2011
Mailing Address 6 Ashmont Rd		Transaction ID : 11ai-000002033
City Waban	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Best Effort	Occupation Best Effort	500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Francis X. Hartmann		Date of Receipt M M / D D / Y Y Y Y 10 14 2011
Mailing Address 173 Pleasant St, Apt 405		Transaction ID : 11ai-000002052
City Cambridge	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harvard University	Occupation Adjunct Lecturer	250.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Marcy L. Schwartz		Date of Receipt M M / D D / Y Y Y Y 10 14 2011
Mailing Address 30 Rydalwood Ln		Transaction ID : 11ai-000002035
City Moreland Hills	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	250.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

12020042886

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

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

FOR LINE NUMBER: PAGE 10 OF 138
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

A. Full Name (Last, First, Middle Initial)
Mary Jane Eplett

Mailing Address 106 Pine Lane

City State Zip Code
Osterville MA 02655

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

Name of Employer Occupation
N/A Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y - Y Y
10 17 2011

Transaction ID : 11ai-00002040

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Nancy S Kedem

Mailing Address 52 Beaumont Drive

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
Kedem Capital Corporation Office Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y - Y Y
10 19 2011

Transaction ID : 11ai-00002053

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Barry H. Federman

Mailing Address 101 Columbia Dr

City State Zip Code
Amherst MA 01002-3105

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

Name of Employer Occupation
Amherst Psychiatric Associates Nurse Practitioner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y - Y Y
10 22 2011

Transaction ID : 11ai-00002062

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

12020042887

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 138
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) Judith Boucher		Date of Receipt M M / D D / Y Y - Y Y - Y Y 10 / 25 / 2011
Mailing Address 1706 Coits Pond Rd		Transaction ID : 11ai-000002065
City Cabot	State VT	Zip Code 05647-9662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer not employed	Occupation retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Kristin Ehrgood		Date of Receipt M M / D D / Y Y - Y Y - Y Y 10 / 29 / 2011
Mailing Address 3019 Ellicott St NW		Transaction ID : 11ai-000002067
City Washington	State DC	Zip Code 20008-1031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Flamboyant Foundation	Occupation President and Board Chair	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) John M. Connors Jr		Date of Receipt M M / D D / Y Y - Y Y - Y Y 10 / 31 / 2011
Mailing Address 200 Clarendon St 60th Floor		Transaction ID : 11ai-000002066
City Boston	State MA	Zip Code 02116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Connors Family Foundation	Occupation CEO	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	15250.00

12020042888

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) Act Blue Federal Conduit Committee		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 14 Arrow St		Transaction ID : 11c-000002064
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C C00401224		[MEMO ITEM] Conduit Contributions - PAC Limit not affected
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 19571.34	

Full Name (Last, First, Middle Initial) Act Blue Federal Conduit Committee		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 14 Arrow St		Transaction ID : 11c-000002069
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C C00401224		[MEMO ITEM] Conduit Contributions - PAC Limit not affected
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 19581.34	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C		[MEMO ITEM] Conduit Contributions - PAC Limit not affected
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

12020042889

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 138
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) Layla Amjadi		Date of Receipt MM / DD / YYYY 10 / 14 / 2011
Mailing Address 173 Newbury St #3		Transaction ID : 15-01-01063-01503
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 960.19
Name of Employer	Occupation	Refund of Duplicate Payment on 10-14-2011
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 960.19	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	960.19
TOTAL This Period (last page this line number only).....	960.19

12020042890

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. FirstData Merchant Services		Date of Disbursement MM/DD/YYYY 10 03 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 47.10 Transaction ID : 17-01-00761-01073
City Phoenix	State AZ	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. FirstData Merchant Services		Date of Disbursement MM/DD/YYYY 10 03 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 1606.64 Transaction ID : 17-01-00762-01074
City Phoenix	State AZ	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. FirstData Merchant Services		Date of Disbursement MM/DD/YYYY 10 03 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 1897.19 Transaction ID : 17-01-00763-01075
City Phoenix	State AZ	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	3550.93
TOTAL This Period (last page this line number only).....	

12020042891

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 138
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / YYYY 10 / 03 / 2011
Mailing Address Three Galleria Tower 13155 Noel Rs, Suite 1600		Amount of Each Disbursement this Period 7.29 Transaction ID : 17-01-00799-01143
City Dallas	State TX Zip Code 75240	
Purpose of Disbursement Shipping	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 10 / 03 / 2011
Mailing Address 25 Court St		Amount of Each Disbursement this Period 12.53 Transaction ID : 17-01-00800-01144
City Boston	State MA Zip Code 02108	
Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Au Bon Pain		Date of Disbursement MM / DD / YYYY 10 / 03 / 2011
Mailing Address 19 Fid Kennedy Ave		Amount of Each Disbursement this Period 75.72 Transaction ID : 17-01-00801-01145
City Boston	State MA Zip Code 02210	
Purpose of Disbursement Event Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	95.54
TOTAL This Period (last page this line number only)	

12020042892

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Radio Shack		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 300 Radio Shack Circle		Amount of Each Disbursement this Period 21.87 Transaction ID : 17-01-00797-01141
City Fort Worth	State TX	
Zip Code 76102	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 28 State Strett		Amount of Each Disbursement this Period 30.00 Transaction ID : 17-01-00798-01142
City Boston	State MA	
Zip Code 02109	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Local Motion of Boston		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 66B Rocsam Park Rd		Amount of Each Disbursement this Period 541.21 Transaction ID : 17-01-00867-01232
City Braintree	State MA	
Zip Code 02184	Purpose of Disbursement Auto Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	593.08
TOTAL This Period (last page this line number only).....	

12020042893

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Blueprint Interactive		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 2229 N Pollard St		Amount of Each Disbursement this Period 2750.00 Transaction ID : 17-01-01024-01397
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Internet Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Blueprint Interactive		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 2229 N Pollard St		Amount of Each Disbursement this Period 1500.00 Transaction ID : 17-01-01024-01398
City Arlington	State VA	
Zip Code 22207	Purpose of Disbursement Internet Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 11659.36 Transaction ID : 17-01-01035-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	15909.36
TOTAL This Period (last page this line number only).....	

12020042894

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Emily Cherniack		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011	
Mailing Address 1 Longfellow Pl Apt 1116		Amount of Each Disbursement this Period 2632.71	
City Boston State MA Zip Code 02114-2410	Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID : 17-01-01035-01462 [MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. Vivek Kembaiyan		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011	
Mailing Address 222 Main Street		Amount of Each Disbursement this Period 993.05	
City Boston State MA Zip Code 02113	Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID : 17-01-01035-01463 [MEMO ITEM]		

Full Name (Last, First, Middle Initial) C. Kaitlyn Beck		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011	
Mailing Address 1 Foster Street, APT 1		Amount of Each Disbursement this Period 1264.70	
City Boston State MA Zip Code 02109	Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID : 17-01-01035-01464 [MEMO ITEM]		

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

12020042895

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 OF 138	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
	<input type="checkbox"/> 20c	<input type="checkbox"/> 20d	<input type="checkbox"/> 20e	<input type="checkbox"/> 20f	<input type="checkbox"/> 20g	<input type="checkbox"/> 20h

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jared Nolan Wigdor		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01035-01465
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Alyson Bullock		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 1 Waterhouse Street, Apt 2		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01035-01466
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. David Heifetz		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01035-01467
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
State: District:	<input type="checkbox"/> Other (specify)	

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

12020042836

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 138	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Kira Mikityanskay		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 220 Oak Road Ave		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01035-01468
City Dayton	State OH	
Zip Code 45409	Purpose of Disbursement Payroll	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sarah Groh		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 77 Easton St #3		Amount of Each Disbursement this Period 830.22 Transaction ID : 17-01-01035-01469
City Boston	State MA	
Zip Code 02134	Purpose of Disbursement Payroll	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Lydia Vega		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 35 Forbes St #2		Amount of Each Disbursement this Period 1438.14 Transaction ID : 17-01-01035-01470
City Jamaica Plain	State MA	
Zip Code 02130	Purpose of Disbursement Payroll	Category/ Type [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

12020042897

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Adam Unger		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 1 Foster St #1		Amount of Each Disbursement this Period 528.36 Transaction ID : 17-01-01035-01471 [MEMO ITEM]
City Boston	State MA	
Zip Code 02109	Category/ Type	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 4944.84 Transaction ID : 17-01-01039-0000
City Waltham	State MA	
Zip Code 02451-1134	Category/ Type	
Purpose of Disbursement Payroll Taxes - See Memo's	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) c. Massachusetts Dept of Revenue		Date of Disbursement MM / DD / YYYY 10 / 04 / 2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 949.37 Transaction ID : 17-01-01039-01478 [MEMO ITEM]
City Boston	State MA	
Zip Code 02204	Category/ Type	
Purpose of Disbursement Payroll Taxes	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	4944.84
TOTAL This Period (last page this line number only).....	

12020042898

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 3995.47 Transaction ID : 17-01-01039-01479
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. 201-207 South Street LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address c/o Avison Young - New England, LL 52-R Roland Street		Amount of Each Disbursement this Period 6673.33 Transaction ID : 17-01-00766-01078
City Charlestown	State MA	
Zip Code 02129	Purpose of Disbursement Rent	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Sarah Groh		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address 77 Easton St #3		Amount of Each Disbursement this Period 50.20 Transaction ID : 17-01-00767-0000
City Boston	State MA	
Zip Code 02134	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	6723.53
TOTAL This Period (last page this line number only).....	

12020042899

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. David Heifetz		Date of Disbursement MM / DD / YYYY 10 / 05 / 2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 396.26 Transaction ID : 17-01-00768-0000
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Laz Parking		Date of Disbursement MM / DD / YYYY 10 / 05 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00768-01087
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Laz Parking		Date of Disbursement MM / DD / YYYY 10 / 05 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00768-01086
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	396.26
TOTAL This Period (last page this line number only).....	

12020042900

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Laz Parking

Date of Disbursement

M M / D D / Y Y Y Y
10 05 2011

Mailing Address 15 Lewis St

City State Zip Code
Hartford CT 06103

Amount of Each Disbursement this Period

Purpose of Disbursement
Parking Fees

32.00

Candidate Name

Category/
Type

Transaction ID : 17-01-00768-01094

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Laz Parking

Date of Disbursement

M M / D D / Y Y Y Y
10 05 2011

Mailing Address 15 Lewis St

City State Zip Code
Hartford CT 06103

Amount of Each Disbursement this Period

Purpose of Disbursement
Parking Fees

32.00

Candidate Name

Category/
Type

Transaction ID : 17-01-00768-01085

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Laz Parking

Date of Disbursement

M M / D D / Y Y Y Y
10 05 2011

Mailing Address 15 Lewis St

City State Zip Code
Hartford CT 06103

Amount of Each Disbursement this Period

Purpose of Disbursement
Parking Fees

32.00

Candidate Name

Category/
Type

Transaction ID : 17-01-00768-01088

[MEMO ITEM]

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

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

0.00

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

12020042901

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Laz Parking		Date of Disbursement MM/DD/YYYY 10 05 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00768-01089
City Hartford	State CT	
Purpose of Disbursement Parking Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Laz Parking		Date of Disbursement MM/DD/YYYY 10 05 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00768-01090
City Hartford	State CT	
Purpose of Disbursement Parking Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Laz Parking		Date of Disbursement MM/DD/YYYY 10 05 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00768-01084
City Hartford	State CT	
Purpose of Disbursement Parking Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

12020042902

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jared Nolan Wigdor		Date of Disbursement M M / D D / Y Y Y Y 10 05 2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 230.16 Transaction ID : 17-01-00769-0000
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Zipcar Inc		Date of Disbursement M M / D D / Y Y Y Y 10 05 2011
Mailing Address 25 First St 4th Floor		Amount of Each Disbursement this Period 111.94 Transaction ID : 17-01-00769-01097 [MEMO ITEM]
City Cambridge	State MA	
Zip Code 02141	Purpose of Disbursement Car Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Laz Parking		Date of Disbursement M M / D D / Y Y Y Y 10 05 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00795-01139
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	262.16
TOTAL This Period (last page this line number only).....	

12020042903

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Akamai Technologies Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011	
Mailing Address Attn: Karen Pontremoli 8 Cambridge Center		Amount of Each Disbursement this Period 350.00	
City Cambridge	State MA	Zip Code 02142	Transaction ID : 17-01-00774-01102
Purpose of Disbursement Office Space Rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Boston College		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011	
Mailing Address Attn Connors Family Retreat & Conf PO Box 577		Amount of Each Disbursement this Period 2546.04	
City Dover	State MA	Zip Code 02030	Transaction ID : 17-01-00775-01103
Purpose of Disbursement Venue Rental		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Connolly Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011	
Mailing Address 178 Gill Street		Amount of Each Disbursement this Period 2649.88	
City Woburn	State MA	Zip Code 01801	Transaction ID : 17-01-00776-01104
Purpose of Disbursement Rally Signs, Stickers, Buttons		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	5545.92
TOTAL This Period (last page this line number only).....	

12020042904

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Scott Dubin		Date of Disbursement MM / DD / YYYY 10 / 06 / 2011
Mailing Address 112 Aurora Ct		Amount of Each Disbursement this Period 106.55 Transaction ID : 17-01-00777-0000
City Dunwoody	State GA	
Zip Code 30338	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Home Depot		Date of Disbursement MM / DD / YYYY 10 / 06 / 2011
Mailing Address 2455 Paces Ferry Rd		Amount of Each Disbursement this Period 14.81 Transaction ID : 17-01-00777-01105 [MEMO ITEM]
City Atlanta	State GA	
Zip Code 30339	Purpose of Disbursement Stakes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Vivek Kambaiyan		Date of Disbursement MM / DD / YYYY 10 / 06 / 2011
Mailing Address 222 Main Street		Amount of Each Disbursement this Period 65.40 Transaction ID : 17-01-00778-0000
City Boston	State MA	
Zip Code 02113	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

171.95

12020042905

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Alan Khazei		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 48 Allerton St		Amount of Each Disbursement this Period 260.27 Transaction ID : 17-01-00779-0000
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Charles Square Garage		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 1 Bennett St		Amount of Each Disbursement this Period 21.00 Transaction ID : 17-01-00779-01111 [MEMO ITEM]
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Charles Square Garage		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 1 Bennett St		Amount of Each Disbursement this Period 21.00 Transaction ID : 17-01-00779-01115 [MEMO ITEM]
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	260.27
TOTAL This Period (last page this line number only).....	

12020042906

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

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

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Charles Square Garage

Mailing Address 1 Bennett St

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Parking Fees

Candidate Name

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

State: District:

Date of Disbursement

10 06 2011

Amount of Each Disbursement this Period

21.00

Transaction ID : 17-01-00779-01112

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Charles Square Garage

Mailing Address 1 Bennett St

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Parking Fees

Candidate Name

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

State: District:

Date of Disbursement

10 06 2011

Amount of Each Disbursement this Period

16.00

Transaction ID : 17-01-00779-01113

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Charles Square Garage

Mailing Address 1 Bennett St

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Parking Fees

Candidate Name

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

State: District:

Date of Disbursement

10 06 2011

Amount of Each Disbursement this Period

19.00

Transaction ID : 17-01-00779-01110

[MEMO ITEM]

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

0.00

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

12020042907

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Liberty Concepts		Date of Disbursement 10 / 06 / 2011
Mailing Address 119 Braintree St. Suite 100		Amount of Each Disbursement this Period 1159.95 Transaction ID : 17-01-00780-01121
City Allston	State MA Zip Code 02134	
Purpose of Disbursement Web Development		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Liberty Concepts		Date of Disbursement 10 / 06 / 2011
Mailing Address 119 Braintree St. Suite 100		Amount of Each Disbursement this Period 1159.95 Transaction ID : 17-01-00780-01122
City Allston	State MA Zip Code 02134	
Purpose of Disbursement Web Development		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NSTAR		Date of Disbursement 10 / 06 / 2011
Mailing Address One NSTAR Way		Amount of Each Disbursement this Period 1277.31 Transaction ID : 17-01-00783-01125
City Westwood	State MA Zip Code 02090	
Purpose of Disbursement Utilities - Electric		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3597.21
TOTAL This Period (last page this line number only).....	

12020042908

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. NSTAR		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address One NSTAR Way		Amount of Each Disbursement this Period 468.16 Transaction ID : 17-01-00784-01126
City Westwood	State MA	
Zip Code 02090	Purpose of Disbursement Utilities - Electric	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 1025 Vermont Ave NW		Amount of Each Disbursement this Period 778.00 Transaction ID : 17-01-00785-01127
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Attorney Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 1025 Vermont Ave NW		Amount of Each Disbursement this Period 941.00 Transaction ID : 17-01-00785-01128
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Attorney Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2187.16
TOTAL This Period (last page this line number only).....	

12020042909

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Northern Business Machines Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 24 Terry Ave		Amount of Each Disbursement this Period 23.02 Transaction ID : 17-01-00786-01129
City Burlington	State MA	
Purpose of Disbursement Copier Lease		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Northern Business Machines Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 24 Terry Ave		Amount of Each Disbursement this Period 44.56 Transaction ID : 17-01-00786-01130
City Burlington	State MA	
Purpose of Disbursement Copier Lease		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 9500.00 Transaction ID : 17-01-01032-0000
City Waltham	State MA	
Purpose of Disbursement Payroll - See Memo's		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	9567.58
TOTAL This Period (last page this line number only).....	

12020042910

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Strategic Media Solutions, LLC

Mailing Address 1575 Tremont St #1205

City State Zip Code
Boston MA 02120

Purpose of Disbursement
Campaign Management Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 06 2011

Amount of Each Disbursement this Period

9500.00

Transaction ID : 17-01-01032-01450

[MEMO ITEM]

B. Citizens Bank

Mailing Address 28 State Strett

City State Zip Code
Boston MA 02109

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 07 2011

Amount of Each Disbursement this Period

55.00

Transaction ID : 17-01-01064-01504

c. Staples

Mailing Address 25 Court St

City State Zip Code
Boston MA 02108

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 11 2011

Amount of Each Disbursement this Period

25.05

Transaction ID : 17-01-00829-01181

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

80.05

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

12020042911

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 138	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. CVS		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 1 CVS Drive		Amount of Each Disbursement this Period 23.24 Transaction ID : 17-01-00830-01182
City Woonsocket	State RI	
Purpose of Disbursement Office Supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Liberty Square Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 4 Liberty Square 5th Floor		Amount of Each Disbursement this Period 10000.00 Transaction ID : 17-01-00804-01148
City Boston	State MA	
Purpose of Disbursement Media Consultant		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. Laz Parking		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00825-01177
City Hartford	State CT	
Purpose of Disbursement Parking Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

SUBTOTAL of Disbursements This Page (optional).....	10055.24
TOTAL This Period (last page this line number only).....	

12020042912

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Poland Spring		Date of Disbursement MM / DD / YYYY 10 / 12 / 2011
Mailing Address 777 W Putnam Ave		Amount of Each Disbursement this Period 77.09 Transaction ID : 17-01-00826-01178
City Greenwich	State CT	
Zip Code 06830	Purpose of Disbursement Office Water	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 10 / 12 / 2011
Mailing Address 25 Court St		Amount of Each Disbursement this Period 132.80 Transaction ID : 17-01-00827-01179
City Boston	State MA	
Zip Code 02108	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Laz Parking		Date of Disbursement MM / DD / YYYY 10 / 13 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00823-01175
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	241.89
TOTAL This Period (last page this line number only).....	

12020042913

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 138
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. WB Mason		Date of Disbursement 10 / 13 / 2011
Mailing Address 59 Centre St		Amount of Each Disbursement this Period 108.43 Transaction ID : 17-01-00824-01176
City Brockton	State MA	
Zip Code 02303	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Central Parking System		Date of Disbursement 10 / 13 / 2011
Mailing Address 2401 21st Ave S		Amount of Each Disbursement this Period 375.00 Transaction ID : 17-01-01023-01396
City Nashville	State TN	
Zip Code 37212	Purpose of Disbursement Monthly Parking Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CommonCentsConsulting, LLC		Date of Disbursement 10 / 14 / 2011
Mailing Address 2910 E Gary Way		Amount of Each Disbursement this Period 4000.00 Transaction ID : 17-01-00806-01150
City Phoenix	State AZ	
Zip Code 85042	Purpose of Disbursement Compliance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4483.43
TOTAL This Period (last page this line number only).....	

12020042914

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. David Heifetz		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 330.59 Transaction ID : 17-01-00807-0000
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Laz Parking		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00807-01151 [MEMO ITEM]
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Laz Parking		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00807-01154 [MEMO ITEM]
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	330.59
TOTAL This Period (last page this line number only).....	

12020042915

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Laz Parking		Date of Disbursement MM/DD/YYYY 10/14/2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 32.00 Transaction ID : 17-01-00807-01152
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Gulf Oil		Date of Disbursement MM/DD/YYYY 10/14/2011
Mailing Address 100 Crossing Blvd		Amount of Each Disbursement this Period 63.70 Transaction ID : 17-01-00807-01159
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Auto Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Mike's Food & Fuel Mart		Date of Disbursement MM/DD/YYYY 10/14/2011
Mailing Address 1455 Trapelo Rd		Amount of Each Disbursement this Period 61.36 Transaction ID : 17-01-00807-01157
City Waltham	State MA	
Zip Code 02154	Purpose of Disbursement Auto Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

12020042916

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Laz Parking

Mailing Address 15 Lewis St

City State Zip Code
Hartford CT 06103

Purpose of Disbursement
Parking Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2011

Amount of Each Disbursement this Period

32.00

Transaction ID : 17-01-00807-01155

[MEMO ITEM]

B. Act Blue Technical Services

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Merchant Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2011

Amount of Each Disbursement this Period

0.99

Transaction ID : 17-01-00809-01161

C. massAV

Mailing Address PO Box 926

City State Zip Code
Nutting Lake MA 01865

Purpose of Disbursement
Audio Visual Equipment Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2011

Amount of Each Disbursement this Period

4647.05

Transaction ID : 17-01-01025-01399

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

4648.04

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

12020042917

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 12563.16 Transaction ID : 17-01-01031-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. David Heifetz		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01031-01443 [MEMO ITEM]
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Vivek Kembaiyan		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 222 Main Street		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01031-01439 [MEMO ITEM]
City Boston	State MA	
Zip Code 02113	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	12563.16
TOTAL This Period (last page this line number only).....	

12020042918

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Emily Cherniack		Date of Disbursement MM / DD / YYYY 10 / 14 / 2011
Mailing Address 1 Longfellow Pl Apt 1116		Amount of Each Disbursement this Period 2577.81 Transaction ID : 17-01-01031-01438
City Boston	State MA	
Zip Code 02114-2410	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Layla Amjadi		Date of Disbursement MM / DD / YYYY 10 / 14 / 2011
Mailing Address 173 Newbury St #3		Amount of Each Disbursement this Period 960.19 Transaction ID : 17-01-01031-01440
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Adam Unger		Date of Disbursement MM / DD / YYYY 10 / 14 / 2011
Mailing Address 1 Foster St #1		Amount of Each Disbursement this Period 528.35 Transaction ID : 17-01-01031-01449
City Boston	State MA	
Zip Code 02109	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

12020042919

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

A. Alyson Bullock Full Name (Last, First, Middle Initial) Mailing Address 1 Waterhouse Street, Apt 2 City Cambridge State MA Zip Code 02138 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 14 2011 Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01031-01442 [MEMO ITEM]
B. Kira Mikityanskay Full Name (Last, First, Middle Initial) Mailing Address 220 Oak Road Ave City Dayton State OH Zip Code 45409 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 14 2011 Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01031-01444 [MEMO ITEM]
C. Sarah Groh Full Name (Last, First, Middle Initial) Mailing Address 77 Easton St #3 City Boston State MA Zip Code 02134 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 14 2011 Amount of Each Disbursement this Period 852.92 Transaction ID : 17-01-01031-01445 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional).....		0.00
TOTAL This Period (last page this line number only).....		

12020042920

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 138

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Lydia Vega		Date of Disbursement MM/DD/YYYY 10/14/2011
Mailing Address 35 Forbes St #2		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01031-01446 [MEMO ITEM]
City Jamaica Plain	State MA	
Zip Code 02130	Category/ Type	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) B. Adam B Schwartz-Vartikar		Date of Disbursement MM/DD/YYYY 10/14/2011
Mailing Address 94 Babcock St		Amount of Each Disbursement this Period 420.92 Transaction ID : 17-01-01031-01447 [MEMO ITEM]
City Brookline	State MA	
Zip Code 02446	Category/ Type	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) C. Kaitlyn Beck		Date of Disbursement MM/DD/YYYY 10/14/2011
Mailing Address 1 Foster Street, APT 1		Amount of Each Disbursement this Period 1264.70 Transaction ID : 17-01-01031-01448 [MEMO ITEM]
City Boston	State MA	
Zip Code 02109	Category/ Type	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

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

0.00

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

12020042921

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jared Nolan Wigdor		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01031-01441
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 5197.10 Transaction ID : 17-01-01038-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll Taxes - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 4195.78 Transaction ID : 17-01-01038-01477
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	5197.10
TOTAL This Period (last page this line number only).....	

12020042922

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Massachusetts Dept of Revenue		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 1001.32 Transaction ID : 17-01-01038-01476
City Boston	State MA	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 93.50 Transaction ID : 17-01-01043-01483
City Waltham	State MA	
Purpose of Disbursement Payroll Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Layla Amjadi		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 173 Newbury St #3		Amount of Each Disbursement this Period 960.19 Transaction ID : 17-01-00811-01163
City Boston	State MA	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1053.69
TOTAL This Period (last page this line number only).....	

12020042923

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

A. FMG, LLC Full Name (Last, First, Middle Initial) Mailing Address 5206 Ridgefield Road City Bethesda State MD Zip Code 20816 Purpose of Disbursement Fundraising Consultant and Travel Expenses 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:		Date of Disbursement M M / D D / Y Y Y Y 10 17 2011 Amount of Each Disbursement this Period 20439.96 Transaction ID : 17-01-00812-01164
B. Au Bon Pain Full Name (Last, First, Middle Initial) Mailing Address 19 Fid Kennedy Ave City Boston State MA Zip Code 02210 Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 10 17 2011 Amount of Each Disbursement this Period 179.14 Transaction ID : 17-01-00814-01166
C. Connolly Printing Full Name (Last, First, Middle Initial) Mailing Address 178 Gill Street City Woburn State MA Zip Code 01801 Purpose of Disbursement Printing 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:		Date of Disbursement M M / D D / Y Y Y Y 10 17 2011 Amount of Each Disbursement this Period 285.81 Transaction ID : 17-01-00815-01167
SUBTOTAL of Disbursements This Page (optional).....		20904.91
TOTAL This Period (last page this line number only).....		

12020042924

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Blue Cross and Blue Shield of Massachusetts Inc

Date of Disbursement

Mailing Address PO Box 371318

M M / D D / Y Y Y Y
10 17 2011

City State Zip Code
Pittsburgh PA 15250-7318

Amount of Each Disbursement this Period

Purpose of Disbursement
Health Insurance

1304.13

Candidate Name

Category/
Type

Transaction ID : 17-01-00816-01168

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

B. Boston Cab Dispatch Inc

Date of Disbursement

Mailing Address 72 Kilmarnock St

M M / D D / Y Y Y Y
10 17 2011

City State Zip Code
Boston MA 02215

Amount of Each Disbursement this Period

Purpose of Disbursement
Taxi

8.20

Candidate Name

Category/
Type

Transaction ID : 17-01-00817-01169

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

C. Boston Cab Dispatch Inc

Date of Disbursement

Mailing Address 72 Kilmarnock St

M M / D D / Y Y Y Y
10 17 2011

City State Zip Code
Boston MA 02215

Amount of Each Disbursement this Period

Purpose of Disbursement
Taxi

9.40

Candidate Name

Category/
Type

Transaction ID : 17-01-00818-01170

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

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

1321.73

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

12020042925

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Boston Cab Dispatch Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 72 Kilmarnock St		Amount of Each Disbursement this Period 10.20 Transaction ID : 17-01-00819-01171
City Boston	State MA	
Zip Code 02215	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Boston Cab Dispatch Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 72 Kilmarnock St		Amount of Each Disbursement this Period 11.00 Transaction ID : 17-01-00820-01172
City Boston	State MA	
Zip Code 02215	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ariel Investments LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 200 E Randolph Dr Suite 2900		Amount of Each Disbursement this Period 639.72 Transaction ID : 17-01-00813-0000
City Chicago	State IL	
Zip Code 60601	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	660.92
TOTAL This Period (last page this line number only).....	

12020042926

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Chicago 1st & Fresh Catering

Mailing Address 205 W Randolph Lower Lever 0002

City State Zip Code
Chicago IL 60606

Purpose of Disbursement
Meeting Meal Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 18 2011

Amount of Each Disbursement this Period

639.72

Transaction ID : 17-01-00813-01165

[MEMO ITEM]

B. Liberty Concepts

Mailing Address 119 Braintree St.
Suite 100

City State Zip Code
Allston MA 02134

Purpose of Disbursement
Web Development

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 19 2011

Amount of Each Disbursement this Period

9300.00

Transaction ID : 17-01-00832-01184

C. Liberty Concepts

Mailing Address 119 Braintree St.
Suite 100

City State Zip Code
Allston MA 02134

Purpose of Disbursement
Web Development

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 19 2011

Amount of Each Disbursement this Period

1121.05

Transaction ID : 17-01-00832-01185

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

10421.05

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

12020042927

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. 201-207 South Street LLC		Date of Disbursement M M / D D / Y Y Y Y 10 20 2011
Mailing Address c/o Avison Young - New England, LL 52-R Roland Street		Amount of Each Disbursement this Period 7.65 Transaction ID : 17-01-00833-01186
City Charlestown	State MA	
Purpose of Disbursement Rent		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Connolly Printing		Date of Disbursement M M / D D / Y Y Y Y 10 20 2011
Mailing Address 178 Gill Street		Amount of Each Disbursement this Period 639.63 Transaction ID : 17-01-00834-01187
City Woburn	State MA	
Purpose of Disbursement Envelopes and Business Card Printing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Great America Leasing Corporation		Date of Disbursement M M / D D / Y Y Y Y 10 20 2011
Mailing Address PO Box 660831		Amount of Each Disbursement this Period 541.88 Transaction ID : 17-01-00835-01188
City Dallas	State TX	
Purpose of Disbursement Copier Lease		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

1189.16

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

12020042928

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Peter D Hart Research Associates Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 1724 Connecticut Ave NW		Amount of Each Disbursement this Period 26000.00 Transaction ID : 17-01-00836-01189
City Washington State DC Zip Code 20009	Purpose of Disbursement Research Consultant	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Phoebe's Faces, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address Phoebe Ramler and Associates 220 Walnut Street		Amount of Each Disbursement this Period 150.00 Transaction ID : 17-01-00837-01190
City Brookline State MA Zip Code 02445	Purpose of Disbursement Makeup Services	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 1025 Vermont Ave NW		Amount of Each Disbursement this Period 1500.00 Transaction ID : 17-01-00838-01191
City Washington State DC Zip Code 20005	Purpose of Disbursement Attorney Fees	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	27650.00
TOTAL This Period (last page this line number only).....	

12020042929

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Sandler, Reiff, Young & Lamb, PC		Date of Disbursement MM / DD / YYYY 10 / 20 / 2011
Mailing Address 1025 Vermont Ave NW		Amount of Each Disbursement this Period 2469.00 Transaction ID : 17-01-00838-01192
City Washington State DC Zip Code 20005	Purpose of Disbursement Attorney Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 10 / 21 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 98.00 Transaction ID : 17-01-00861-01226
City Waltham State MA Zip Code 02451-1134	Purpose of Disbursement Payroll Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement MM / DD / YYYY 10 / 24 / 2011
Mailing Address 475 L'Enfant Plaza SW		Amount of Each Disbursement this Period 20.80 Transaction ID : 17-01-00860-01225
City Washington State DC Zip Code 20260-2202	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2587.80
TOTAL This Period (last page this line number only).....	

12020042930

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. 201-207 South Street LLC		Date of Disbursement MM/DD/YYYY 10/25/2011
Mailing Address c/o Avison Young - New England, LL 52-R Roland Street		Amount of Each Disbursement this Period 7.65 Transaction ID : 17-01-00854-01219
City Charlestown	State MA	
Zip Code 02129	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. 332 Main St		Date of Disbursement MM/DD/YYYY 10/25/2011
Mailing Address 340 Main St Suite 600		Amount of Each Disbursement this Period 2516.00 Transaction ID : 17-01-00855-01220
City Worcester	State MA	
Zip Code 01608	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Comcast		Date of Disbursement MM/DD/YYYY 10/25/2011
Mailing Address PO Box 1577		Amount of Each Disbursement this Period 402.00 Transaction ID : 17-01-00856-01221
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Internet and Phones	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2925.65
TOTAL This Period (last page this line number only).....	

12020042931

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Nancy Bender Insurance		Date of Disbursement M M / D D / Y Y Y Y 10 25 2011	
Mailing Address 31 Milk Street		Amount of Each Disbursement this Period 1716.00	
City Boston State MA Zip Code 02109	Purpose of Disbursement Office Insurance	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:	Transaction ID : 17-01-00857-01222		
Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement M M / D D / Y Y Y Y 10 26 2011	
Mailing Address PO Box 1577		Amount of Each Disbursement this Period 603.94	
City Newark State NJ Zip Code 07101	Purpose of Disbursement Internet and Phones	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:	Transaction ID : 17-01-00859-01224		
Full Name (Last, First, Middle Initial) C. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 26 2011	
Mailing Address 25 Court St		Amount of Each Disbursement this Period 269.85	
City Boston State MA Zip Code 02108	Purpose of Disbursement Office Supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:	Transaction ID : 17-01-00864-01229		
SUBTOTAL of Disbursements This Page (optional)		2589.79	
TOTAL This Period (last page this line number only)	

12020042932

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. WB Mason		Date of Disbursement MM / DD / YYYY 10 / 26 / 2011
Mailing Address 59 Centre St		Amount of Each Disbursement this Period 4.11 Transaction ID : 17-01-00865-01230
City Brockton	State MA	
Zip Code 02303	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Boston Cab Dispatch Inc		Date of Disbursement MM / DD / YYYY 10 / 26 / 2011
Mailing Address 72 Kilmarnock St		Amount of Each Disbursement this Period 10.20 Transaction ID : 17-01-01003-01376
City Boston	State MA	
Zip Code 02215	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Boston Cab Dispatch Inc		Date of Disbursement MM / DD / YYYY 10 / 26 / 2011
Mailing Address 72 Kilmarnock St		Amount of Each Disbursement this Period 15.40 Transaction ID : 17-01-01004-01377
City Boston	State MA	
Zip Code 02215	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	29.71
TOTAL This Period (last page this line number only).....	

12020042933

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

<p>A. WB Mason</p> <p>Full Name (Last, First, Middle Initial) WB Mason</p> <p>Mailing Address 59 Centre St</p> <p>City State Zip Code Brockton MA 02303</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement 10 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 32.96</p> <p>Transaction ID : 17-01-01005-01378</p>
<p>B. Delta Airlines</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address PO Box 20980</p> <p>City State Zip Code Atlanta GA 30320</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement 10 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 234.70</p> <p>Transaction ID : 17-01-01006-01379</p>
<p>C. Delta Airlines</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address PO Box 20980</p> <p>City State Zip Code Atlanta GA 30320</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>	<p>Date of Disbursement 10 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 234.70</p> <p>Transaction ID : 17-01-01007-01380</p>
<p>SUBTOTAL of Disbursements This Page (optional)..... 502.36</p> <p>TOTAL This Period (last page this line number only).....</p>	

12020042934

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement MM/DD/YYYY 10/27/2011
Mailing Address 475 L'Enfant Plaza SW		Amount of Each Disbursement this Period 132.00 Transaction ID : 17-01-00863-01228
City Washington	State DC	
Zip Code 20260-2202	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM/DD/YYYY 10/28/2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 22351.20 Transaction ID : 17-01-01029-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sarah Groh		Date of Disbursement MM/DD/YYYY 10/28/2011
Mailing Address 77 Easton St #3		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01029-01430 [MEMO ITEM]
City Boston	State MA	
Zip Code 02134	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	22483.20
TOTAL This Period (last page this line number only).....	

12020042935

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Adam Unger		Date of Disbursement MM/DD/YYYY 10/28/2011
Mailing Address 1 Foster St #1		Amount of Each Disbursement this Period 528.36 Transaction ID : 17-01-01029-01436
City Boston	State MA	
Zip Code 02109	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Jared Nolan Wigdor		Date of Disbursement MM/DD/YYYY 10/28/2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01029-01426
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Layla Amjadi		Date of Disbursement MM/DD/YYYY 10/28/2011
Mailing Address 173 Newbury St #3		Amount of Each Disbursement this Period 960.20 Transaction ID : 17-01-01029-01425
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

0.00

12020042936

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Kira Mikityanskay		Date of Disbursement MM / DD / YYYY 10 / 28 / 2011
Mailing Address 220 Oak Road Ave		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01029-01429 [MEMO ITEM]
City Dayton	State OH	
Zip Code 45409	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lydia Vega		Date of Disbursement MM / DD / YYYY 10 / 28 / 2011
Mailing Address 35 Forbes St #2		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01029-01431 [MEMO ITEM]
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	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Adam B Schwartz-Vartikar		Date of Disbursement MM / DD / YYYY 10 / 28 / 2011
Mailing Address 94 Babcock St		Amount of Each Disbursement this Period 420.92 Transaction ID : 17-01-01029-01432 [MEMO ITEM]
City Brookline	State MA	
Zip Code 02446	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

12020042938

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Strategic Media Solutions, LLC

Mailing Address 1575 Tremont St #1205

City State Zip Code
Boston MA 02120

Purpose of Disbursement
Campaign Management Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 28 2011

Amount of Each Disbursement this Period

9500.00

Transaction ID : 17-01-01029-01433

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Kaitlyn Beck

Mailing Address 1 Foster Street, APT 1

City State Zip Code
Boston MA 02109

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 28 2011

Amount of Each Disbursement this Period

1357.70

Transaction ID : 17-01-01029-01434

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Alyson Bullock

Mailing Address 1 Waterhouse Street, Apt 2

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 28 2011

Amount of Each Disbursement this Period

993.05

Transaction ID : 17-01-01029-01427

[MEMO ITEM]

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

0.00

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

12020042939

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Date of Disbursement M M / D D / Y Y V Y Y 10 28 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 5350.88 Transaction ID : 17-01-01037-0000
City Waltham	State MA	
Purpose of Disbursement Payroll Taxes - See Memo's		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Massachusetts Dept of Revenue		Date of Disbursement M M / D D / Y Y V Y Y 10 28 2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 1024.90 Transaction ID : 17-01-01037-01474 [MEMO ITEM]
City Boston	State MA	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement M M / D D / Y Y V Y Y 10 28 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 4325.98 Transaction ID : 17-01-01037-01475 [MEMO ITEM]
City Dallas	State TX	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5350.88
TOTAL This Period (last page this line number only).....	

12020042940

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 10 / 31 / 2011
Mailing Address 25 Court St		Amount of Each Disbursement this Period 58.30 Transaction ID : 17-01-00998-01371
City Boston	State MA	
Zip Code 02108	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 10 / 31 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 9000.00 Transaction ID : 17-01-01028-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Scott Dubin		Date of Disbursement MM / DD / YYYY 10 / 31 / 2011
Mailing Address 112 Aurora Ct		Amount of Each Disbursement this Period 9000.00 Transaction ID : 17-01-01028-01422
City Dunwoody	State GA	
Zip Code 30338	Purpose of Disbursement Field Operations Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	9058.30
TOTAL This Period (last page this line number only)	

12020042041

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 25 Court St		Amount of Each Disbursement this Period 138.11 Transaction ID : 17-01-00996-01369
City Boston	State MA	
Zip Code 02108	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. David Heifetz		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 236.60 Transaction ID : 17-01-00869-0000
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Laz Parking		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 14.00 Transaction ID : 17-01-00869-01234 [MEMO ITEM]
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	374.71
TOTAL This Period (last page this line number only).....	

12020042942

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 66 OF 138	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Mike's Food & Fuel Mart		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 1455 Trapelo Rd		Amount of Each Disbursement this Period 61.07 Transaction ID : 17-01-00869-01238
City Waltham	State MA	
Zip Code 02154	Purpose of Disbursement Auto Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Adam Unger		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 1 Foster St #1		Amount of Each Disbursement this Period 247.30 Transaction ID : 17-01-00870-0000
City Boston	State MA	
Zip Code 02109	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Zipcar Inc		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 25 First St 4th Floor		Amount of Each Disbursement this Period 45.69 Transaction ID : 17-01-00870-01239
City Cambridge	State MA	
Zip Code 02141	Purpose of Disbursement Car Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	247.30
TOTAL This Period (last page this line number only).....	

12020042943

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Zipcar Inc		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 25 First St 4th Floor		Amount of Each Disbursement this Period 103.86 Transaction ID : 17-01-00870-01241
City Cambridge	State MA	
Zip Code 02141	Purpose of Disbursement Car Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Zipcar Inc		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 25 First St 4th Floor		Amount of Each Disbursement this Period 97.75 Transaction ID : 17-01-00870-01240
City Cambridge	State MA	
Zip Code 02141	Purpose of Disbursement Car Rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Jared Nolan Wigdor		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 116.39 Transaction ID : 17-01-00871-0000
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Reimbursed Expenses - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	116.39
TOTAL This Period (last page this line number only)	

12020042944

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. Laz Parking

Mailing Address 15 Lewis St

City State Zip Code
Hartford CT 06103

Purpose of Disbursement
Parking Fees

Candidate Name

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

State: District:

Date of Disbursement

MM/DD/YYYY
11/01/2011

Amount of Each Disbursement this Period

8.00

Transaction ID : 17-01-00871-01244

[MEMO ITEM]

B. Zipcar Inc

Mailing Address 25 First St 4th Floor

City State Zip Code
Cambridge MA 02141

Purpose of Disbursement
Car Rental

Candidate Name

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

State: District:

Date of Disbursement

MM/DD/YYYY
11/01/2011

Amount of Each Disbursement this Period

95.69

Transaction ID : 17-01-00871-01242

[MEMO ITEM]

C. Act Blue Technical Services

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
Merchant Fees

Candidate Name

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

State: District:

Date of Disbursement

MM/DD/YYYY
11/02/2011

Amount of Each Disbursement this Period

0.40

Transaction ID : 17-01-00874-01247

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

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

0.40

12020042945

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 138
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Central Parking System		Date of Disbursement MM / DD / YYYY 11 / 02 / 2011
Mailing Address 2401 21st Ave S		Amount of Each Disbursement this Period 375.00 Transaction ID : 17-01-01065-01505
City Nashville	State TN	
Zip Code 37212	Purpose of Disbursement Monthly Parking Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 20.16 Transaction ID : 17-01-01010-01383
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NYC Taxi		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 14.16 Transaction ID : 17-01-01011-01384
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	409.32
TOTAL This Period (last page this line number only).....	

12020042946

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. NYC Taxi		Date of Disbursement 11 / 03 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 15.00
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Transaction ID : 17-01-01012-01385
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement 11 / 03 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 36.24
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Transaction ID : 17-01-01013-01386
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Gulf Oil		Date of Disbursement 11 / 03 / 2011
Mailing Address 100 Crossing Blvd		Amount of Each Disbursement this Period 7.56
City Framingham	State MA	
Zip Code 01702	Purpose of Disbursement Auto Fuel	Transaction ID : 17-01-01046-01486
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	58.80
TOTAL This Period (last page this line number only).....	

12020042947

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. FirstData Merchant Services		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 3096.18 Transaction ID : 17-01-01060-01500
City Phoenix	State AZ	
Zip Code 85023	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. FirstData Merchant Services		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 1084.42 Transaction ID : 17-01-01061-01501
City Phoenix	State AZ	
Zip Code 85023	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. FirstData Merchant Services		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 152.50 Transaction ID : 17-01-01062-01502
City Phoenix	State AZ	
Zip Code 85023	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4333.10
TOTAL This Period (last page this line number only).....	

12020042948

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 60 Massachusetts Ave NW		Amount of Each Disbursement this Period 252.00 Transaction ID : 17-01-01009-01382
City Washington	State DC	
Purpose of Disbursement Train Fare		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 10965.15 Transaction ID : 17-01-01026-0000
City Waltham	State MA	
Purpose of Disbursement Payroll - See Memo's		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Sarah Groh		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 77 Easton St #3		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01026-01407 [MEMO ITEM]
City Boston	State MA	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	11217.15
TOTAL This Period (last page this line number only)	

12020042949

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Lydia Vega		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 35 Forbes St #2		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01026-01409
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	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Kira Mikityanskay		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 220 Oak Road Ave		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01026-01406
City Dayton	State OH	
Zip Code 45409	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. David Heifetz		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01026-01405
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

12020042850

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Alyson Bullock		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 1 Waterhouse Street, Apt 2		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01026-01404
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Jared Nolan Wigdor		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01026-01403
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Layla Amjadi		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 173 Newbury St #3		Amount of Each Disbursement this Period 960.20 Transaction ID : 17-01-01026-01402
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
State: District:	<input type="checkbox"/> Other (specify)	

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

12020042951

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Vivek Kembaiyan		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 222 Main Street		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01026-01401
City Boston	State MA	
Zip Code 02113	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Emily Cherniack		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 1 Longfellow Pl Apt 1116		Amount of Each Disbursement this Period 2632.71 Transaction ID : 17-01-01026-01400
City Boston	State MA	
Zip Code 02114-2410	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Adam B Schwartz-Vartikar		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 94 Babcock St		Amount of Each Disbursement this Period 420.92 Transaction ID : 17-01-01026-01410
City Brookline	State MA	
Zip Code 02446	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

12020042952

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 76 OF 138	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
			<input type="checkbox"/> 20c	<input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 20344.45 Transaction ID : 17-01-01027-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lydia Vega		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 35 Forbes St #2		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01027-01419 [MEMO ITEM]
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	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Sarah Groh		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 77 Easton St #3		Amount of Each Disbursement this Period 927.26 Transaction ID : 17-01-01027-01418 [MEMO ITEM]
City Boston	State MA	
Zip Code 02134	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	20344.45
TOTAL This Period (last page this line number only).....	

12020042953

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Emily Cherniack		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 1 Longfellow Pl Apt 1116		Amount of Each Disbursement this Period 2577.81 Transaction ID : 17-01-01027-01411
City Boston	State MA	
Zip Code 02114-2410	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Vivek Kembaiyan		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 222 Main Street		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01027-01412
City Boston	State MA	
Zip Code 02113	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Layla Amjadi		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 173 Newbury St #3		Amount of Each Disbursement this Period 960.19 Transaction ID : 17-01-01027-01413
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

12020042954

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jared Nolan Wigdor		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 72 Foster Apt 3		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01027-01414
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Adam B Schwartz-Vartikar		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 94 Babcock St		Amount of Each Disbursement this Period 420.92 Transaction ID : 17-01-01027-01420
City Brookline	State MA	
Zip Code 02446	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Alyson Bullock		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 1 Waterhouse Street, Apt 2		Amount of Each Disbursement this Period 993.04 Transaction ID : 17-01-01027-01415
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	[MEMO ITEM]
<input type="checkbox"/> Other (specify)	State: District:	

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

12020042955

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Strategic Media Solutions, LLC		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 1575 Tremont St #1205		Amount of Each Disbursement this Period 9500.00 Transaction ID : 17-01-01027-01421
City Boston	State MA	
Zip Code 02120	Purpose of Disbursement Campaign Management Consulting	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kira Mikityanskay		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 220 Oak Road Ave		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01027-01417
City Dayton	State OH	
Zip Code 45409	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. David Heifetz		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 419 Marrett Rd		Amount of Each Disbursement this Period 993.05 Transaction ID : 17-01-01027-01416
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Payroll	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

12020042956

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 4584.07 Transaction ID : 17-01-01036-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll Taxes - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Massachusetts Dept of Revenue		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 837.12 Transaction ID : 17-01-01036-01472
City Boston	State MA	
Zip Code 02204	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 3746.95 Transaction ID : 17-01-01036-01473
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	4584.07
TOTAL This Period (last page this line number only).....	

12020042957

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 102.50 Transaction ID : 17-01-01041-01481
City Waltham	State MA	
Purpose of Disbursement Payroll Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 4568.22 Transaction ID : 17-01-01066-0000
City Waltham	State MA	
Purpose of Disbursement Payroll Taxes - See Memo's		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Massachusetts Dept of Revenue		Date of Disbursement MM/DD/YYYY 11/04/2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 880.36 Transaction ID : 17-01-01066-01506 [MEMO ITEM]
City Boston	State MA	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4670.72
TOTAL This Period (last page this line number only).....	

12020042958

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 11 / 04 / 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 3687.86
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	Transaction ID : 17-01-01066-01507
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement MM / DD / YYYY 11 / 07 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 14.20
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Transaction ID : 17-01-01059-01499
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. CommonCentsConsulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 09 / 2011
Mailing Address 2910 E Gary Way		Amount of Each Disbursement this Period 4000.00
City Phoenix	State AZ	
Zip Code 85042	Purpose of Disbursement Compliance Consulting	Transaction ID : 17-01-01016-01389
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4014.20
TOTAL This Period (last page this line number only).....	

12020042059

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Northern Business Machines Inc		Date of Disbursement MM / DD / YYYY 11 / 09 / 2011
Mailing Address 24 Terry Ave		Amount of Each Disbursement this Period 5387.94 Transaction ID : 17-01-01017-01390
City Burlington	State MA Zip Code 01803	
Purpose of Disbursement Copier Lease	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Connolly Printing		Date of Disbursement MM / DD / YYYY 11 / 09 / 2011
Mailing Address 178 Gill Street		Amount of Each Disbursement this Period 32.42 Transaction ID : 17-01-01018-01391
City Woburn	State MA Zip Code 01801	
Purpose of Disbursement Envelopes and Business Card Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 11 / 11 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 189.25 Transaction ID : 17-01-01040-01480
City Waltham	State MA Zip Code 02451-1134	
Purpose of Disbursement Payroll Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5609.61
TOTAL This Period (last page this line number only)	

12020042960

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. New Partners Consulting Inc		Date of Disbursement MM / DD / YYYY 11 / 12 / 2011
Mailing Address 1250 Eye St NW Suite 200		Amount of Each Disbursement this Period 26473.83 Transaction ID : 17-01-01019-01392
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Research Consultant	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Charles Square Garage		Date of Disbursement MM / DD / YYYY 11 / 14 / 2011
Mailing Address 1 Bennett St		Amount of Each Disbursement this Period 19.00 Transaction ID : 17-01-01058-01498
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Prudential Center Garage		Date of Disbursement MM / DD / YYYY 11 / 16 / 2011
Mailing Address 800 Boylston St		Amount of Each Disbursement this Period 35.00 Transaction ID : 17-01-01044-01484
City Boston	State MA	
Zip Code 02199	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	26527.83
TOTAL This Period (last page this line number only).....	

12020042961

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Charles Square Garage		Date of Disbursement MM / DD / YYYY 11 / 21 / 2011
Mailing Address 1 Bennett St		Amount of Each Disbursement this Period 23.00 Transaction ID : 17-01-01049-01489
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Prudential Center Garage		Date of Disbursement MM / DD / YYYY 11 / 22 / 2011
Mailing Address 800 Boylston St		Amount of Each Disbursement this Period 35.00 Transaction ID : 17-01-01057-01497
City Boston	State MA	
Zip Code 02199	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Charles Square Garage		Date of Disbursement MM / DD / YYYY 11 / 25 / 2011
Mailing Address 1 Bennett St		Amount of Each Disbursement this Period 15.00 Transaction ID : 17-01-01051-01491
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Parking Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

73.00

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

12020042862

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

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

FOR LINE NUMBER:
(check only one)

PAGE 86 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Charles Square Garage		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011	
Mailing Address 1 Bennett St		Amount of Each Disbursement this Period 23.00	
City Cambridge State MA Zip Code 02138	Purpose of Disbursement Parking Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-01-01052-01492		
State: District:			
Full Name (Last, First, Middle Initial) B. Central Parking System		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011	
Mailing Address 2401 21st Ave S		Amount of Each Disbursement this Period 375.00	
City Nashville State TN Zip Code 37212	Purpose of Disbursement Monthly Parking Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-01-01075-01518		
State: District:			
Full Name (Last, First, Middle Initial) C. Laz Parking		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011	
Mailing Address 15 Lewis St		Amount of Each Disbursement this Period 37.00	
City Hartford State CT Zip Code 06103	Purpose of Disbursement Parking Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : 17-01-01076-01519		
State: District:			
SUBTOTAL of Disbursements This Page (optional).....		435.00	
TOTAL This Period (last page this line number only).....			

12020042863

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. FirstData Merchant Services		Date of Disbursement 12 / 05 / 2011
Mailing Address 1501 West Bell Road		Amount of Each Disbursement this Period 1170.24
City Phoenix	State AZ	Zip Code 85023
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : 17-01-01093-01536	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement 12 / 06 / 2011
Mailing Address 340 Washington St		Amount of Each Disbursement this Period 35.00
City Boston	State MA	Zip Code 02108
Purpose of Disbursement Telephone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : 17-01-01077-01520	

Full Name (Last, First, Middle Initial) C. US Postmaster		Date of Disbursement 12 / 08 / 2011
Mailing Address 475 L'Enfant Plaza SW		Amount of Each Disbursement this Period 660.00
City Washington	State DC	Zip Code 20260-2202
Purpose of Disbursement Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : 17-01-01079-01522	

SUBTOTAL of Disbursements This Page (optional).....	1865.24
TOTAL This Period (last page this line number only).....	

12020042964

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / Y Y Y Y 12 / 08 / 2011
Mailing Address Three Galleria Tower 13155 Noel Rs, Suite 1600		Amount of Each Disbursement this Period 51.79 Transaction ID : 17-01-01080-01523
City Dallas	State TX Zip Code 75240	
Purpose of Disbursement Shipping	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement MM / DD / Y Y Y Y 12 / 09 / 2011
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 300.00 Transaction ID : 17-01-01081-01524
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Database Subscription & Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Date of Disbursement MM / DD / Y Y Y Y 12 / 09 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 80.00 Transaction ID : 17-01-01095-01538
City Waltham	State MA Zip Code 02451-1134	
Purpose of Disbursement Payroll Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	431.79
TOTAL This Period (last page this line number only).....	

12020042005

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 138			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. NYC Taxi		Date of Disbursement MM / DD / YYYY 12 / 12 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 46.42 Transaction ID : 17-01-01085-01528
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement MM / DD / YYYY 12 / 12 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 19.20 Transaction ID : 17-01-01086-01529
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NYC Taxi		Date of Disbursement MM / DD / YYYY 12 / 12 / 2011
Mailing Address 200 W 42nd St		Amount of Each Disbursement this Period 11.52 Transaction ID : 17-01-01087-01530
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Taxi	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	77.14
TOTAL This Period (last page this line number only).....	

12020042966

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial)

A. NYC Taxi

Mailing Address 200 W 42nd St

City State Zip Code
New York NY 10036

Purpose of Disbursement
Taxi

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
12/13/2011

Amount of Each Disbursement this Period

38.16

Transaction ID : 17-01-01088-01531

B. NYC Taxi

Mailing Address 200 W 42nd St

City State Zip Code
New York NY 10036

Purpose of Disbursement
Taxi

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
12/13/2011

Amount of Each Disbursement this Period

14.64

Transaction ID : 17-01-01089-01532

C. NYC Taxi

Mailing Address 200 W 42nd St

City State Zip Code
New York NY 10036

Purpose of Disbursement
Taxi

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY
12/13/2011

Amount of Each Disbursement this Period

11.28

Transaction ID : 17-01-01090-01533

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

64.08

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

12020042967

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. CommonCentsConsulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 2910 E Gary Way		Amount of Each Disbursement this Period 1500.00 Transaction ID : 17-01-01067-01508
City Phoenix	State AZ	
Zip Code 85042	Purpose of Disbursement Compliance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Seasons Culinary Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 1875 Pennsylvania Ave NW		Amount of Each Disbursement this Period 416.19 Transaction ID : 17-01-01068-01509
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Event Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. 201-207 South Street LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address c/o Avison Young - New England, LL 52-R Roland Street		Amount of Each Disbursement this Period 26662.72 Transaction ID : 17-01-01069-01510
City Charlestown	State MA	
Zip Code 02129	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	28578.91
TOTAL This Period (last page this line number only).....	

12020042968

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

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

FOR LINE NUMBER:
(check only one)

PAGE 92 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. ADP Payroll Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 4370.88 Transaction ID : 17-01-01098-0000
City Waltham	State MA	
Purpose of Disbursement Payroll - See Memo's		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Adam Unger		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 1 Foster St #1		Amount of Each Disbursement this Period 528.36 Transaction ID : 17-01-01098-01544
City Boston	State MA	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Kaitlyn Beck		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 1 Foster Street, APT 1		Amount of Each Disbursement this Period 1264.71 Transaction ID : 17-01-01098-01543
City Boston	State MA	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4370.88
TOTAL This Period (last page this line number only).....	

12020042969

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Emily Cherniack		Date of Disbursement 12 / 15 / 2011	
Mailing Address 1 Longfellow Pl Apt 1116		Amount of Each Disbursement this Period 2577.81	
City Boston State MA Zip Code 02114-2410	Purpose of Disbursement Payroll	Transaction ID : 17-01-01098-01542	
Candidate Name		Category/ Type [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:		
Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement 12 / 15 / 2011	
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 2005.64	
City Waltham State MA Zip Code 02451-1134	Purpose of Disbursement Payroll Taxes - See Memo's	Transaction ID : 17-01-01099-0000	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:		
Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Date of Disbursement 12 / 15 / 2011	
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 1710.92	
City Dallas State TX Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	Transaction ID : 17-01-01099-01546	
Candidate Name		Category/ Type [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		2005.64	
TOTAL This Period (last page this line number only).....		2005.64	

12020042970

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Massachusetts Dept of Revenue		Date of Disbursement 12 / 15 / 2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 294.72 Transaction ID : 17-01-01099-01545
City Boston	State MA	
Zip Code 02204	Purpose of Disbursement Payroll Taxes	[MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Connolly Printing		Date of Disbursement 12 / 16 / 2011
Mailing Address 178 Gill Street		Amount of Each Disbursement this Period 1637.16 Transaction ID : 17-01-01070-01511
City Woburn	State MA	
Zip Code 01801	Purpose of Disbursement Letter Printing and Postage	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NBT/MBA		Date of Disbursement 12 / 19 / 2011
Mailing Address 135 Wood Rd		Amount of Each Disbursement this Period 762.00 Transaction ID : 17-01-01072-01513
City Braintree	State MA	
Zip Code 02184	Purpose of Disbursement Dental Insurance	Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2399.16
TOTAL This Period (last page this line number only).....	

12020042971

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 OF 138

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement MM / DD / YYYY 12 / 20 / 2011
Mailing Address Three Galleria Tower 13155 Noel Rs, Suite 1600		Amount of Each Disbursement this Period 1.70 Transaction ID : 17-01-01091-01534
City Dallas	State TX Zip Code 75240	
Purpose of Disbursement Shipping	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement MM / DD / YYYY 12 / 23 / 2011
Mailing Address Three Galleria Tower 13155 Noel Rs, Suite 1600		Amount of Each Disbursement this Period 2.13 Transaction ID : 17-01-01092-01535
City Dallas	State TX Zip Code 75240	
Purpose of Disbursement Shipping	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 12 / 28 / 2011
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 2700.00 Transaction ID : 17-01-01074-01515
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Database Subscription & Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2703.83
TOTAL This Period (last page this line number only).....	

12020042972

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 12 / 28 / 2011
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 1500.00 Transaction ID : 17-01-01074-01516
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Database Subscription & Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 12 / 28 / 2011
Mailing Address 1101 15th Street, NW Suite 500		Amount of Each Disbursement this Period 300.00 Transaction ID : 17-01-01074-01517
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Database Subscription & Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 12 / 29 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 2632.71 Transaction ID : 17-01-01096-0000
City Waltham	State MA Zip Code 02451-1134	
Purpose of Disbursement Payroll - See Memo's	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4432.71
TOTAL This Period (last page this line number only).....	

12020042973

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 138			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Emily Cherniack		Date of Disbursement 12 / 29 / 2011
Mailing Address 1 Longfellow Pl Apt 1116		Amount of Each Disbursement this Period 2632.71 Transaction ID : 17-01-01096-01539 [MEMO ITEM]
City Boston	State MA	
Zip Code 02114-2410	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement 12 / 29 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 1404.17 Transaction ID : 17-01-01097-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll Taxes - See Memo's	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Massachusetts Dept of Revenue		Date of Disbursement 12 / 29 / 2011
Mailing Address PO Box 7010		Amount of Each Disbursement this Period 189.03 Transaction ID : 17-01-01097-01540 [MEMO ITEM]
City Boston	State MA	
Zip Code 02204	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1404.17
TOTAL This Period (last page this line number only).....	

12020042974

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 138
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 12 / 29 / 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 1215.14 Transaction ID : 17-01-01097-01541
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Payroll Services		Date of Disbursement MM / DD / YYYY 12 / 29 / 2011
Mailing Address 225 2nd Ave		Amount of Each Disbursement this Period 27.11 Transaction ID : 17-01-01100-0000
City Waltham	State MA	
Zip Code 02451-1134	Purpose of Disbursement Payroll Taxes - See Memo's	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement MM / DD / YYYY 12 / 29 / 2011
Mailing Address PO Box 660264		Amount of Each Disbursement this Period 27.11 Transaction ID : 17-01-01100-01548
City Dallas	State TX	
Zip Code 75266-0264	Purpose of Disbursement Payroll Taxes	[MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	27.11
TOTAL This Period (last page this line number only).....	331511.15

12020042875

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 OF 138

<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Citizens for Alan Khazei		Date of Disbursement MM / DD / YYYY 11 / 16 / 2011
Mailing Address PO Box 170721		Amount of Each Disbursement this Period 134.90 Transaction ID : 18-01-01021-01394
City State Zip Code Boston MA 02117	Category/ Type	
Purpose of Disbursement Transfer		
Candidate Name Alan Khazei		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement		
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:	
Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement		
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).....		134.90
TOTAL This Period (last page this line number only).....		134.90

1202004297E

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Stephen Mugford		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 67 Longfellow Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00961-01334
City Wellesley	State MA	
Zip Code 02481-5220	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jeffrey Walker		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 15 Central Park W Apt 14-D		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00962-01335
City New York	State NY	
Zip Code 10023	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Diego Sanchez-Elia		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 432 15th St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00963-01336
City Santa Monica	State CA	
Zip Code 90402-2232	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number).....	

12020042977

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Lu Li		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 301 E Colorado Blvd, Suite 501		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00964-01337
City Pasadena	State CA	
Zip Code 91101-1919	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Edwin Cohen		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 575 Madison Ave, Fl 10		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00965-01338
City New York	State NY	
Zip Code 10022-2588	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Benna Kushlefsky		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 112 High St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00966-01339
City Brookline	State MA	
Zip Code 02445-7717	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042978

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Christopher Jenny		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 14 Moore Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00967-01340
City Wayland	State MA	
Zip Code 01778	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Michael Eisenson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 32 Claypit Hill Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00968-01341
City Wayland	State MA	
Zip Code 01778-2003	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Douglas Borchard		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 25 Marlboro Road		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00969-01342
City Southborough	State MA	
Zip Code 01772	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042979

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (in Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Penelope Fireman		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 27 Appian Dr		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00970-01343
City Wellesley	State MA	
Zip Code 02481-1308	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Eva Gardner		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 80 Pegan Ln		Amount of Each Disbursement this Period 25.00 Transaction ID : 20a-01-00971-01344
City Dover	State MA	
Zip Code 02030	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Laurie Hodgson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 755 Park Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00972-01345
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5025.00
TOTAL This Period (last page this line number only).....	

12020042980

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Amos Hostetter		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 85 Mount Vernon St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00973-01346
City Boston	State MA	
Zip Code 02108-1330	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Barbara Hostetter		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 85 Mount Vernon St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00974-01347
City Boston	State MA	
Zip Code 02108-1330	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. James Learner		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 241 Maple Hill Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00975-01348
City Glencoe	State IL	
Zip Code 60022-1257	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042981

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Barbara Talcott		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 25 Marlboro Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00976-01349
City Southborough	State MA	
Zip Code 01772	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Duncan McFarland		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 299 Clapboardtree St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00977-01350
City Westwood	State MA	
Zip Code 02090-2907	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Philip Lovett		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 360 E 88th St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00978-01351
City New York	State NY	
Zip Code 10128-4982	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

7500.00

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

12020042982

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jeffrey Newton		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1533 Monument St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00979-01352
City Concord	State MA	
Zip Code 01742-5325		Category/ Type
Purpose of Disbursement Refund of Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) B. Laurie Thomsen		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 45 Old Farm Way		Amount of Each Disbursement this Period 1000.00 Transaction ID : 20a-01-00980-01353
City Williamstown	State MA	
Zip Code 01267		Category/ Type
Purpose of Disbursement Refund of Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

Full Name (Last, First, Middle Initial) c. Whitney Tilson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1165 Fifth Avenue, Apt. 4C		Amount of Each Disbursement this Period 500.00 Transaction ID : 20a-01-00981-01354
City New York	State NY	
Zip Code 10029		Category/ Type
Purpose of Disbursement Refund of Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

12020042983

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

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

FOR LINE NUMBER:
(check only one)

PAGE 107 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Charles Gifford		Date of Disbursement 11 / 03 / 2011	
Mailing Address 107 Summer St		Amount of Each Disbursement this Period 2500.00	
City Manchester	State MA	Zip Code 01944-1268	Transaction ID : 20a-01-00982-01355
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. Jeffrey Shames		Date of Disbursement 11 / 03 / 2011	
Mailing Address 38 Lake Ave		Amount of Each Disbursement this Period 2500.00	
City Newton	State MA	Zip Code 02459-2107	Transaction ID : 20a-01-00983-01356
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. Kim Polese		Date of Disbursement 11 / 03 / 2011	
Mailing Address 752 Willborough Rd		Amount of Each Disbursement this Period 2500.00	
City Burlingame	State CA	Zip Code 94010-3719	Transaction ID : 20a-01-00984-01357
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....			

12020042984

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Lydia Ryan		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 150 N Michigan Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00985-01358
City Chicago	State IL	
Zip Code 60601-7553	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Robert Ryan		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 150 N Michigan Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00986-01359
City Chicago	State IL	
Zip Code 60601-7553	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Phyllis Yale		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 14 Moon Hill Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00987-01360
City Lexington	State MA	
Zip Code 02421-6113	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042985

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

A. Stuart Zimmer Full Name (Last, First, Middle Initial) Mailing Address 145 E Saddle River Rd City Saddle River State NJ Zip Code 07458-3033 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011 Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00988-01361
B. Jordan Kirsch Full Name (Last, First, Middle Initial) Mailing Address 78 Huron Avenue City Cambridge State MA Zip Code 02138 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011 Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00989-01362
C. Tristin Mannion Full Name (Last, First, Middle Initial) Mailing Address 13 Commonwealth Ave City Boston State MA Zip Code 02116-2122 Purpose of Disbursement Refund of Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011 Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00990-01363
SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....		7500.00

12020042986

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Abner Kurtin		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 76 Laurel Road		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00991-01364
City Chestnut Hill	State MA	
Zip Code 02467	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Harvey Alter		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 815 Arbor Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00992-01365
City Glenvie	State IL	
Zip Code 60025	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Cameron Dupre		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 61 Farm St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00993-01366
City Dover	State MA	
Zip Code 02030-2304	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042987

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

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

FOR LINE NUMBER:
(check only one)

PAGE 111 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Chris Gordon		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 21 Pickwick Road		Amount of Each Disbursement this Period 2500.00
City West Newton	State MA	
Zip Code 02465	Purpose of Disbursement Refund of Contribution	Transaction ID : 20a-01-00994-01367
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Phil Loughlin		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 157 Brattle St		Amount of Each Disbursement this Period 2500.00
City Cambridge	State MA	
Zip Code 02138-3303	Purpose of Disbursement Refund of Contribution	Transaction ID : 20a-01-00995-01368
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Christopher Bartle		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 80 Pegan Ln		Amount of Each Disbursement this Period 2500.00
City Dover	State MA	
Zip Code 02030-2045	Purpose of Disbursement Refund of Contribution	Transaction ID : 20a-01-00875-01248
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042988

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

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

FOR LINE NUMBER:
(check only one)

PAGE 112 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jim Atwood		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 591 Bridge St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00876-01249
City Dedham	State MA	
Zip Code 02026-4130	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kristen Atwood		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 591 Bridge St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00877-01250
City Dedham	State MA	
Zip Code 02026-4130	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sean Reilly		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address PO Box 66338		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00878-01251
City Baton Rouge	State LA	
Zip Code 70896-6338	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042989

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

Use separate schedule(s)
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Detailed Summary Page

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PAGE 113 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jennifer Reilly		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address PO Box 66338		Amount of Each Disbursement this Period 2500.00	
City Baton Rouge	State LA	Zip Code 70896-6338	Transaction ID : 20a-01-00879-01252
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. Gregory Avis		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address 499 Hamilton Ave		Amount of Each Disbursement this Period 2500.00	
City Palo Alto	State CA	Zip Code 94301	Transaction ID : 20a-01-00880-01253
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. David Fialkow		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address 232 Franklin St		Amount of Each Disbursement this Period 2500.00	
City Newton	State MA	Zip Code 02458-2331	Transaction ID : 20a-01-00881-01254
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....			

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

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

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PAGE 114 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Nina Fialkow		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011	
Mailing Address 232 Franklin Street		Amount of Each Disbursement this Period 2500.00	
City Newton	State MA	Zip Code 02458	Transaction ID : 20a-01-00882-01255
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. David Belluck		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011	
Mailing Address 251 Marlborough St		Amount of Each Disbursement this Period 2500.00	
City Boston	State MA	Zip Code 02116-1702	Transaction ID : 20a-01-00883-01256
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. Joshua Bekenstein		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011	
Mailing Address 52 High Rock Road		Amount of Each Disbursement this Period 2500.00	
City Wayland	State MA	Zip Code 01778	Transaction ID : 20a-01-00884-01257
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:
(check only one)

PAGE 115 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Scott Schoen		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 191 Kings Grant Rd		Amount of Each Disbursement this Period 2500.00
City Weston	State MA	
Zip Code 02493-2176		Transaction ID : 20a-01-00885-01258
Purpose of Disbursement Refund of Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Susan Harris		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 9 Bittersweet Trail		Amount of Each Disbursement this Period 2500.00
City Rowayton	State CT	
Zip Code 06853		Transaction ID : 20a-01-00886-01259
Purpose of Disbursement Refund of Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Charles Harris		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 11 East 44th Street, Suite 900		Amount of Each Disbursement this Period 2500.00
City New York	State NY	
Zip Code 06820-5815		Transaction ID : 20a-01-00887-01260
Purpose of Disbursement Refund of Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. David Feinberg		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 78 Davis Avenue		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00888-01261
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Jennifer Abt		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 676 Longwood Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00889-01262
City Glencoe	State IL	
Zip Code 60022-1761	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Nancy Rubin		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 3035 Chain Bridge Rd NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00890-01263
City Washington	State DC	
Zip Code 20016-3409	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042993

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

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

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Alan Jones		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 90 East End Avenue 21A		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00891-01264
City New York	State NY	
Zip Code 10028-8006	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Harry Mattison		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 28 Mansfield St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00892-01265
City Allston	State MA	
Zip Code 02134-1433	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Melissa Mattison		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 28 Mansfield St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00893-01266
City Allston	State MA	
Zip Code 02134-1433	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042994

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jeffrey Hawkins		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 69 Myrtle Street, # 3		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00894-01267
City Boston	State MA	
Zip Code 02114	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ian Ferguson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 333 Lee Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00895-01268
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Corinne Ferguson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 333 Lee St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00896-01269
City Brookline	State MA	
Zip Code 02445-5914	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042995

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Anita Bekenstein		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 52 High Rock Road		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00897-01270
City Wayland	State MA	
Zip Code 01778	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ashley Garrett		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 90 E End Ave, Apt 21A		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00898-01271
City New York	State NY	
Zip Code 10028-8006	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Alan Halfenger		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 71 Montview St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00899-01272
City Boston	State MA	
Zip Code 02132	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042996

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Amy Klein-Alter		Date of Disbursement MM / DD / YY 11 / 03 / 2011
Mailing Address 815 Arbor Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00900-01273
City Glenview	State IL	
Zip Code 60025-3233	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Matthew Levin		Date of Disbursement MM / DD / YY 11 / 03 / 2011
Mailing Address 28 Sargent St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00901-01274
City Newton	State MA	
Zip Code 02458-2320	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Ian Loring		Date of Disbursement MM / DD / YY 11 / 03 / 2011
Mailing Address 5 Polo Field Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00902-01275
City Dedham	State MA	
Zip Code 02026-5637	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042997

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

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

FOR LINE NUMBER:
(check only one)

PAGE 121 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Peter Riehl		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1 Chestnut Pl		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00903-01276
City Brookline	State MA	
Zip Code 02445-7505	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. David Milner		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 2 Beach Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00904-01277
City Bristol	State RI	
Zip Code 02809-1503	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Anna Reilly		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 2797 Acom Ct		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00905-01278
City Winston Salem	State NC	
Zip Code 27106	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020042998

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

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

FOR LINE NUMBER:
(check only one)

PAGE 122 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Matthew Cullinan		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address 2797 Acorn Ct		Amount of Each Disbursement this Period 2500.00	
City Winston Salem	State NC	Zip Code 27106-5723	Transaction ID : 20a-01-00906-01279
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. Annie Mai		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address 50 Cornwall Ln		Amount of Each Disbursement this Period 2500.00	
City Port Washington	State NY	Zip Code 11050-1345	Transaction ID : 20a-01-00907-01280
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) c. Vincent Mai		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address 50 Cornwall Ln		Amount of Each Disbursement this Period 2500.00	
City Port Washington	State NY	Zip Code 11050	Transaction ID : 20a-01-00908-01281
Purpose of Disbursement Refund of Contribution		Category/ Type	
Candidate Name		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional).....		7500.00	
TOTAL This Period (last page this line number only).....			

12020042999

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

<p>A. Sandra Edgerley</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 119 Hyslop Rd</p> <p>City Brookline State MA Zip Code 02445-5727</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>11 / 03 / 2011</p> <p>Amount of Each Disbursement this Period</p> <p>2500.00</p> <p>Transaction ID : 20a-01-00909-01282</p>
<p>B. Melora Balson</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 276 Highland St</p> <p>City West Newton State MA Zip Code 02465-2715</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>11 / 03 / 2011</p> <p>Amount of Each Disbursement this Period</p> <p>2500.00</p> <p>Transaction ID : 20a-01-00910-01283</p>
<p>C. Lisa Bronner</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 53 Sargent Crossway</p> <p>City Brookline State MA Zip Code 02445-7520</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: District:</p>		<p>Date of Disbursement</p> <p>11 / 03 / 2011</p> <p>Amount of Each Disbursement this Period</p> <p>2500.00</p> <p>Transaction ID : 20a-01-00911-01284</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p> <p>TOTAL This Period (last page this line number only).....</p>		<p>7500.00</p>

12020043000

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Michael Bronner		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 53 Sargent Crossway		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00912-01285
City Brookline	State MA	
Zip Code 02445-7520	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. George Overholser		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 341 Marrett Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00913-01286
City Lexington	State MA	
Zip Code 02124	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. John Sabat		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 245 W 99th St Apt 22B		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00914-01287
City New York	State NY	
Zip Code 10025	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043001

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Thomas Hatch		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011
Mailing Address 35 Warren St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00915-01288
City Hastings On Hudson	State NY Zip Code 10706-3945	
Purpose of Disbursement Refund of Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Karen Hammerness		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011
Mailing Address 35 Warren St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00916-01289
City Hastings On Hudson	State NY Zip Code 10706-3945	
Purpose of Disbursement Refund of Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. David Hodgson		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011
Mailing Address 755 Park Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00923-01296
City New York	State NY Zip Code 10021	
Purpose of Disbursement Refund of Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043002

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Elizabeth Thompson		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 8000 Drew Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00924-01297
City Burr Ridge	State IL	
Zip Code 60527	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jocelyn Belluck		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 251 Marlborough St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00925-01298
City Boston	State MA	
Zip Code 02116-1702	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jeanne Lavine		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 56 Chestnut St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00926-01299
City Weston	State MA	
Zip Code 02493	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043003

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jonathan Lavine		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 56 Chestnut St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00927-01300
City Weston	State MA	
Zip Code 02493	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Judith Moroz		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 72 Montview St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00928-01301
City Boston	State MA	
Zip Code 02132	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Brian Spector		Date of Disbursement MM/DD/YYYY 11/03/2011
Mailing Address 221 Columbus Ave, Apt 703		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00929-01302
City Boston	State MA	
Zip Code 02116-4896	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043004

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Melody Hobson		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 800 N Michigan Ave, Apt 4803		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00930-01303
City Chicago	State IL	
Zip Code 60611-2155	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Katherine Bradley		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 2211 30th St NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00931-01304
City Washington	State DC	
Zip Code 20008-2703	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Phyllis Fireman		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 14 S Lake Trl		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00932-01305
City Palm Beach	State FL	
Zip Code 33480-4127	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

12020043005

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 OF 138

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Paul Fireman		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 14 S Lake Trl		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00933-01306
City Palm Beach	State FL	
Zip Code 33480-4127	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Stephanie Spector		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 241 Marlborough St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00934-01307
City Boston	State MA	
Zip Code 02116	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Patricia Bellinger		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 92 High St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00935-01308
City Brookline	State MA	
Zip Code 02445-7718	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043005

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Richard Balzer		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 92 High St.		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00936-01309
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John Cook		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 44 Allerton St.		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00937-01310
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Denise Dupre		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 61 Farm St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00938-01311
City Dover	State MA	
Zip Code 02030-2304	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043007

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 138
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Mark Nunnelly		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 61 Farm St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00939-01312
City Dover	State MA	
Zip Code 02030-2304	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kate Chertavian		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 95 Irving St		Amount of Each Disbursement this Period 1000.00 Transaction ID : 20a-01-00940-01313
City Cambridge	State MA	
Zip Code 02138-2025	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Christopher Stadler		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 712 5th Ave 43rd Flr		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00941-01314
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

12020043008

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Paul Edgerley		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 119 Hyslop Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00942-01315
City Brookline	State MA	
Zip Code 02445	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Charles Ledley		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 3 Avery St APT 908		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00943-01316
City Boston	State MA	
Zip Code 02111	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. James Ledley		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 97 Cross River Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00944-01317
City Mount Kisco	State NY	
Zip Code 10549	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043009

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Michael Alter		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 320 White Oak Lane		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00945-01318
City Winnetka	State IL	
Zip Code 60093	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Anne Lovett		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 117 Cromwell Pt Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00946-01319
City Holderness	State NH	
Zip Code 03245	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Stephen Woodsum		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address PO Box 449		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00947-01320
City Holderness	State NH	
Zip Code 03245	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043010

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Seth Hamot		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 112 High St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00948-01321
City Brookline	State MA	
Zip Code 02445-7717	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ben Goldhirsh		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 915 N Citrus Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : 20a-01-00949-01322
City Los Angeles	State CA	
Zip Code 90038-2401	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. David Mussafer		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 8 Rolling Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00950-01323
City Weston	State MA	
Zip Code 02493-2439	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

12020043011

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 138
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Marion Mussafer		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 8 Rolling Lane		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00951-01324
City Weston	State MA	
Zip Code 02493	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sarah Newton		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 1533 Monument St		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00952-01325
City Concord	State MA	
Zip Code 01742	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Samuel Bekenstein		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 52 High Rock Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00953-01326
City Wayland	State MA	
Zip Code 01778-3608	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043012

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Jonathan Lyon		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 8 Robbins Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00954-01327
City Lexington	State MA	
Zip Code 02421-5906	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kimberly Syman		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 8 Robbins Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00955-01328
City Lexington	State MA	
Zip Code 02421-5906	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Ellen Alter		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 320 White Oak Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00956-01329
City Winnetka	State IL	
Zip Code 60093-3632	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043013

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 138

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. David Bechhofer		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 38 Orient Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00957-01330
City Newton	State MA	
Zip Code 02459-1426	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Joseph Belluck		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 52 Laura Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00958-01331
City Woodstock	State NY	
Zip Code 12498-2403	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dan Fireman		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 27 Appian Dr		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00959-01332
City Wellesley	State MA	
Zip Code 02481-1308	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	

12020043014

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 138			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Khazei for Massachusetts

Full Name (Last, First, Middle Initial) A. Kristin Mugford		Date of Disbursement MM / DD / YYYY 11 / 03 / 2011
Mailing Address 67 Longfellow Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20a-01-00960-01333
City Wellesley	State MA	
Purpose of Disbursement Refund of Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	278025.00

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Secretary of the Senate
Office of Public Relations
222 Hart Senate Bldg
Washington, DC 20510

0101911202609 1JDS S United Parcel Service, Louisville, KY

WEIGHT	DIMENSIONAL WEIGHT	LARGE AIR PACKAGE	SHIPPER RELEASE
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 1Z 14E 6E8 22 1000 1174

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Senate Post Office
JAN 26 2012

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 1Z 14E 6E8 22 1000 1174
 DATE OF SHIPMENT
1/25/12

SHIPMENT ID NUMBER **14E6 E879 XK4**

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United States Senate

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Date of Receipt

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USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	<u>01-25-12</u>	<input checked="" type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

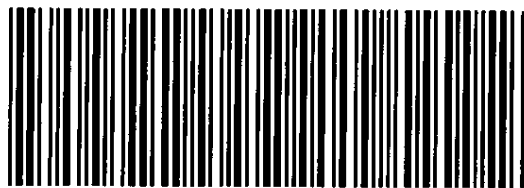
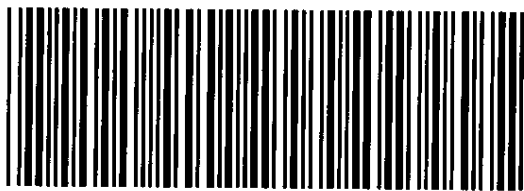
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