RECEIVED
FEC MAIL
OPERATIONS CENTER

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

CLIENT'S COPY

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines.

12FE4M5

RECEIVED FEC MAIL OPERATIONS CENTER 2006 JUL 24 A 8:45

RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

ADDRESS (number and street) ▼ PO BOX 8273

☐ Check if different than previously reported. (ACC)

CRANSTON RI 02920-

2. FEC IDENTIFICATION NUMBER ▼ C00322362

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ___ / ___ / _____ in the State of ___

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / _____ in the State of ___

5. Covering Period 01 / 01 / 2006 through 03 / 31 / 2006

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 _____

Signature of Treasurer _____ Date ___ / ___ / _____

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

Office | | | | | | | | FEC FORM 3X

26031510114

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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): RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): MURPHY, WILLIAM J.
Mailing Address: PO BOX 28737
City: PROVIDENCE State: RI Zip Code: 02908
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 01 / 19 / 2006
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): PALUMBO, PETER
Mailing Address: 12 WATERVIEW LANE
City: NORTH PROVIDENCE State: RI Zip Code: 02904
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 01 / 31 / 2006
Amount of Each Disbursement this Period: 30,000

C.
Full Name (Last, First, Middle Initial): SCHADONE, GREGORY
Mailing Address: 6 MIDDLE STREET
City: NORTH PROVIDENCE State: RI Zip Code: 02911
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 02 / 28 / 2006
Amount of Each Disbursement this Period: 30,000

SUBTOTAL of Disbursements This Page (optional) ▶ 1,600.00

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

26039151015

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): FOGARTY, PAUL
Mailing Address: PO BOX 37
City: HARMONY State: RI Zip Code: 02829
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 01 / 2006
Amount of Each Disbursement this Period: 300.00

B.
Full Name (Last, First, Middle Initial): ROBERTS, ELIZABETH
Mailing Address: PO BOX 9021
City: CRANSTON State: RI Zip Code:
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 02 / 2006
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): GINATTI, PETER
Mailing Address: 177 HOPE AVENUE
City: WARWICK State: RI Zip Code: 02889
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 08 / 2006
Amount of Each Disbursement this Period: 300.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1,100.00

26031510140

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): DAMIANI, MICHEAL
Mailing Address: 2 CLAIRE STREET
City: RIVERSIDE State: RI Zip Code: 02915
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 08 / 2006
Amount of Each Disbursement this Period: 6000.00

B.
Full Name (Last, First, Middle Initial): FOGARTY, CHARLES
Mailing Address: PO BOX 1624
City: PROVIDENCE State: RI Zip Code: 02901
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 08 / 2006
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): BRIEN, TODD
Mailing Address: 560 LYDIA AVENUE
City: WOONSOCKET State: RI Zip Code: 02895
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 09 / 2005
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 19000.00

26031015137

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): LYNCH, PATRICK
Mailing Address: PO BOX 9305
City: PROVIDENCE State: RI Zip Code: 02940
Purpose of Disbursement: FUNDRAISER CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 15 / 2006
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): MONTALBANO, JOSEPH
Mailing Address: 959 MINERAL SPRING AVENUE
City: NORTH PROVIDENCE State: RI Zip Code: 02904
Purpose of Disbursement: FUNDRAISER CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 15 / 2006
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): MOURA, PAUL
Mailing Address: 40 GOVERNOR STREET
City: PROVIDENCE State: RI Zip Code: 02906
Purpose of Disbursement: FUNDRAISER CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 21 / 2006
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2,500.00

TOTAL This Period (last page this line number only)

26031518134

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): ALVES, STEPHEN D.
Mailing Address: 34 SWEET BRIAR LANE
City: WEST WARWICK State: RI Zip Code: 02893
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 0.1.1
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 22 / 2006
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): LANZI, BEATRICE
Mailing Address: 70 SCITUATE FARM DRIVE
City: CRANSTON State: RI Zip Code: 02921
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 0.1.1
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 23 / 2006
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): PETRARCA, PETER
Mailing Address: ONE MICHAEL DRIVE
City: LINCOLN State: RI Zip Code: 02865
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 0.1.1
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 28 / 2006
Amount of Each Disbursement this Period: 300.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1,300.00

26029150019

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): DENNIGAN, ELIZABETH
Mailing Address: 432 ROGER WILLIAMS AVENUE
City: PROVIDENCE State: RI Zip Code: 02916
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 29 2006
Amount of Each Disbursement this Period: 3000.00

B.
Full Name (Last, First, Middle Initial): PAIVA WEED, TERESA
Mailing Address: 139 VANZANDT AVENUE
City: NEWPORT State: RI Zip Code: 02840
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 29 2006
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): RAPTAKIS, LEONIDAS
Mailing Address: 2080 NOOSENECK HILL ROAD
City: COVENTRY State: RI Zip Code: 02816
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 29 2006
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1,300.00

TOTAL This Period (last page this line number only)

28031510020

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.
Full Name (Last, First, Middle Initial): CAPRIO, FRANK T.
Mailing Address: PO BOX 5896
City: PROVIDENCE State: RI Zip Code: 02903
Purpose of Disbursement: ~~FUNDRAISER~~ CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 29 / 2006
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: / /
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1,000.00

26031591021

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked 7/18/06
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
MW PREPARER	7/24 DATE PREPARED

(3/2005)