

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 236 Hope Street  
Check if different than previously reported. (ACC) Providence RI 02906

2. **FEC IDENTIFICATION NUMBER** ▼ C C00476564 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
RI 01

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 09 / 14 / 2010 in the State of RI  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 07 / 01 / 2012 through 08 / 22 / 2012

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 Nancy Benoit  
Signature of Treasurer Nancy Benoit *[Electronically Filed]* Date 08 / 30 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Cicilline Committee**

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

	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))....	142225.53	1730097.80
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	141225.53	1724897.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	491574.23	1337230.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	13723.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	491574.23	1323506.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	483454.73	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	70000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Cicilline Committee**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107135.00	1166998.54
(ii) Unitemized.....	9534.67	116089.10
(iii) TOTAL of contributions from individuals ▶	116669.67	1283087.64
(b) Political Party Committees.....	5.86	178.94
(c) Other Political Committees (such as PACs).....	25550.00	446831.22
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	142225.53	1730097.80
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	12233.95
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	13723.58
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	28.33	498.08
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	142253.86	1756553.41

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	491574.23	1337230.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	5250.00
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 .....	1000.00	4200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	5200.00
21. OTHER DISBURSEMENTS .....	2550.00	6959.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	495124.23	1354639.32

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	836325.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	142253.86
25. SUBTOTAL (add Line 23 and Line 24).....	978578.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	495124.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	483454.73

**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 5 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Lucien D. Agniel**

Mailing Address 76 Humboldt Ave

City Providence State RI Zip Code 02906-4533

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

Name of Employer Agniel Commodities, Llc Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458264**

Amount of Each Receipt this Period  
 350.00

**B.** Full Name (Last, First, Middle Initial)  
**Carl A Albert**

Mailing Address 10940 Bellagio Rd

City Los Angeles State CA Zip Code 90077-3203

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

Name of Employer self Occupation investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C6491516**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Carl A Albert**

Mailing Address 10940 Bellagio Rd

City Los Angeles State CA Zip Code 90077-3203

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

Name of Employer self Occupation investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C6491517**

Amount of Each Receipt this Period  
 2500.00

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

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

5350.00

**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 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen D. Alves**

Mailing Address 34 Sweet Briar Ln

City West Warwick State RI Zip Code 02893-2423

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

Name of Employer Self Occupation Lobbyist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484759**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony V. Arico Jr.**

Mailing Address 166 Lincoln Ave

City Barrington State RI Zip Code 02806-2341

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

Name of Employer retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6501550**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Gale Aronson**

Mailing Address 530 Blackstone Blvd

City Providence State RI Zip Code 02906-4934

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

Name of Employer n/a Occupation 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 Y Y  
 07 / 18 / 2012

**Transaction ID : C6455208**

Amount of Each Receipt this Period  
250.00

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

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

850.00

**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 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley M. Aronson**

Mailing Address 530 Blackstone Blvd

City Providence State RI Zip Code 02906-4934

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458243**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Badway**

Mailing Address 35 Oriole Ave

City Providence State RI Zip Code 02906-5525

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

Name of Employer Thomas E. Badway & Associates, LLC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C6463589**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Genie Bailey**

Mailing Address 82 Laurel Ave

City Providence State RI Zip Code 02906-4221

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

Name of Employer Stanley Street Treatment and resources Occupation M.D.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458352**

Amount of Each Receipt this Period  
**125.00**

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

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

**1375.00**

**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 8 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Sarah Baines**

Mailing Address 59 Intrepid Ln

City State Zip Code  
Jamestown RI 02835-1830

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

Name of Employer Occupation  
Ship to Shore Employment agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2012

**Transaction ID : C6454036**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Baines**

Mailing Address 59 Intrepid Ln

City State Zip Code  
Jamestown RI 02835-1830

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

Name of Employer Occupation  
Ship to Shore Employment agent

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : C6501445**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Fargo Baldwin**

Mailing Address 81 Hudson St  
# 2

City State Zip Code  
Providence RI 02909-1903

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

Name of Employer Occupation  
Children's Health Forum Program Coordinator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : C6501545**

Amount of Each Receipt this Period  
100.00

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

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

300.00

**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 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ian L. Barnacle**

Mailing Address 18 Dove St

City Providence State RI Zip Code 02906-3002

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

Name of Employer Residential Properties Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2012

**Transaction ID : C6457992**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**George Bayliss**

Mailing Address 4 Elton St

City Providence State RI Zip Code 02906-4106

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

Name of Employer Univerisity Medicine Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : C6452959**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Susanna Beckwith**

Mailing Address 196 Blackstone Blvd

City Providence State RI Zip Code 02906-5702

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

Name of Employer Reach Out and Read Rhode Island Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6465017**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

**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 10 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Graeme Bell**

Mailing Address 60 Grange Ave

City Little Compton State RI Zip Code 02837-1410

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458550**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Oliver H.L. Bennett**

Mailing Address 236 George St

City Providence State RI Zip Code 02906-3115

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

Name of Employer Bank of America Occupation Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012

**Transaction ID : C6499611**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Raymond G Benoit**

Mailing Address 28 Berkley St

City Woonsocket State RI Zip Code 02895-6233

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

Name of Employer retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : C6498601**

Amount of Each Receipt this Period  
 100.00

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

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

600.00

**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 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Benson**

Mailing Address 49 Progress St

City Pawtucket State RI Zip Code 02860-6132

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2012

**Transaction ID : C6464338**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Matthew C. Blank**

Mailing Address 400 W 12th St

City New York State NY Zip Code 10014-1798

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

Name of Employer n/a Occupation n/a

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C6490642**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michael R Bloomberg**

Mailing Address 1 Centre St

City New York State NY Zip Code 10007-1602

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

Name of Employer New York City Occupation Mayor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458329**

Amount of Each Receipt this Period  
**2500.00**

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

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

**3500.00**

**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 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Robert M Blumenberg**

Mailing Address 5050 Yacht Harbor Cir  
Apt 101

City Naples State FL Zip Code 34112-6478

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501419**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Deborah M. Brayton**

Mailing Address 127 10th St.

City Providence State RI Zip Code 02906-2921

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

Name of Employer None Occupation Unemployed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458275**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Brewster**

Mailing Address 19 Taylors Ln S

City Little Compton State RI Zip Code 02837-1117

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

Name of Employer Topping Fund LLC Occupation Finance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2012

**Transaction ID : C6355236**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 189  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Brewster**

Mailing Address 19 Taylors Ln S

City State Zip Code  
Little Compton RI 02837-1117

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

Name of Employer Occupation  
Topping Fund LLC Finance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6500867**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dara Brewster**

Mailing Address 19 Taylors Ln S

City State Zip Code  
Little Compton RI 02837-1117

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

Name of Employer Occupation  
Topping Fund LLC Finance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 07 / 2012

**Transaction ID : C6355237**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dara Brewster**

Mailing Address 19 Taylors Ln S

City State Zip Code  
Little Compton RI 02837-1117

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

Name of Employer Occupation  
Topping Fund LLC Finance

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6500876**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

**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 14 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Carole Broadus**

Mailing Address 22 Lincoln St

City State Zip Code  
New Haven CT 06511-3806

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : C6458569**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Milton H. Bronstein**

Mailing Address 34 Bennington Road

City State Zip Code  
Cranston RI 02929-5637

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

Name of Employer Occupation  
retired retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : C6458361**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael S. Burk**

Mailing Address 67 Durfee Rd

City State Zip Code  
Tiverton RI 02878-1611

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

Name of Employer Occupation  
State of RI Asst. to the Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : C6458245**

Amount of Each Receipt this Period  
50.00

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

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

550.00

**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 15 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Cabral**

Mailing Address 300 Pearl St  
Unit 308

City Providence State RI Zip Code 02907-2279

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

Name of Employer Providence Journal Occupation Sales

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458233**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Anthony M. Caparco**

Mailing Address 38 Lippitt Ave

City Warwick State RI Zip Code 02889-4708

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

Name of Employer Town Hall Lanes Occupation officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : C6456539**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Charles CJ Carpenter**

Mailing Address 12 Half Mile Rd

City Barrington State RI Zip Code 02806-4104

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

Name of Employer UNIVERSITY PHYSICIANS FOUNDATION Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : C6491358**

Amount of Each Receipt this Period  
**100.00**

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

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

**850.00**

**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 16 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Marion Oates Charles**

Mailing Address 44 Ledge Rd

City Newport State RI Zip Code 02840-4258

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6485445**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Nathalie Chody**

Mailing Address 6 Pine St

City Newport State RI Zip Code 02840-1912

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6485442**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**J. Clement Cicilline**

Mailing Address 100 Rhode Island Ave

City Newport State RI Zip Code 02840-3346

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

Name of Employer Newport County Community Mental Health Occupation Clinician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C6459454**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

**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 17 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Wade R Cody**

Mailing Address 28 Southwinds Dr

City State Zip Code  
Wakefield RI 02879-1654

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C6463769**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William J. Coffey**

Mailing Address PO Box 1108

City State Zip Code  
Newport RI 02840-0012

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

Name of Employer Information Requested Occupation Information Requested  
Self Maritime Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : C6492394**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael J. Colucci Esq.**

Mailing Address 176 Little Pond County Rd

City State Zip Code  
Cumberland RI 02864-2824

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

Name of Employer Information Requested Occupation Information Requested  
Olenn & Penza Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : C6354367**

Amount of Each Receipt this Period  
200.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 18 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Conforti**

Mailing Address 454 W 46th St  
Apt 1EN

City State Zip Code  
New York NY 10036-9026

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

Name of Employer Self Occupation Artist

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : C6495602**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Serena M. Conley**

Mailing Address 27 Winthrop Rd

City State Zip Code  
Warwick RI 02888-4517

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

Name of Employer City of Providence Occupation License Administrator

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6484601**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Serena M. Conley**

Mailing Address 27 Winthrop Rd

City State Zip Code  
Warwick RI 02888-4517

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

Name of Employer City of Providence Occupation License Administrator

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6484710**

Amount of Each Receipt this Period  
200.00

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

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

650.00

**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 19 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Javier Cortes</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2012
Mailing Address 37 Upton St Apt 1		<b>Transaction ID : C6474608</b>
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Korn Design	Occupation Designer	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>B. Ally Coulter</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2012
Mailing Address 51 Bellevue Ave		<b>Transaction ID : C6485517</b>
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer n/a	Occupation n/a	
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) <b>C. Jon-Paul Couture</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2012
Mailing Address 12 Arnold St		<b>Transaction ID : C6484662</b>
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Couture Design Associates	Occupation Self-employed	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 20 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Howard R. Croll Esq.**

Mailing Address 34 Hamlet Ave

City Woonsocket State RI Zip Code 02895-4460

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

Name of Employer Fontaine & Croll, LTD Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484677**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Philip E Cunningham**

Mailing Address 515 Old Post Rd

City Fairfield State CT Zip Code 06824-8401

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501409**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Edward J Davis**

Mailing Address 320 W 76th St Apt 9F

City New York State NY Zip Code 10023-8007

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

Name of Employer Davis Wright Tremaine LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : C6390888**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 21 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Amato A. DeLuca Esq.**

Mailing Address 550 Tillinghast Rd

City East Greenwich State RI Zip Code 02818-1413

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

Name of Employer DeLuca & Weizenbaum, Ltd Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : C6474665**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carol G. Delucia**

Mailing Address 50 Saddlebrook Dr

City East Greenwich State RI Zip Code 02818-2005

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

Name of Employer Del's Lemonade Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484681**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sylvia Denhoff**

Mailing Address 100 Wayland Ave Apt. 6

City Providence State RI Zip Code 02906-4360

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **505.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C6459445**

Amount of Each Receipt this Period  
**50.00**

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

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

**1550.00**

**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 22 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James V. DeRentis**

Mailing Address 89 Angell St

City Providence State RI Zip Code 02906-1217

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

Name of Employer Residential Properties LTD Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3462.39**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 05 / 2012**

**Transaction ID : C6483715**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Carla B. Destefano**

Mailing Address 439 Pine St

City Providence State RI Zip Code 02907-1317

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

Name of Employer S.W.A.P Inc. Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C6458261**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**William C. Dimitri Esq.**

Mailing Address 27 Rollingwood Dr

City Johnston State RI Zip Code 02919-1636

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

Name of Employer Dimitri Law Offices Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C6458829**

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**

**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 23 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Bartlett S. Dunbar**

Mailing Address 25 Bridge St  
P.O. Box 814

City Newport State RI Zip Code 02840-2529

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

Name of Employer Bowen's Wharf Company Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484679**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nancy G. Dunn**

Mailing Address 270 Benefit St

City Providence State RI Zip Code 02903-2935

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

Name of Employer N/A Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : C6455207**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Frederick S. Edelstein**

Mailing Address 1850 M St NW  
Ste 700

City Washington State DC Zip Code 20036-5810

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

Name of Employer Public Private Action Occupation Principal

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2012

**Transaction ID : C6499612**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 24 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>John Egan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2012
Mailing Address PO Box 678		<b>Transaction ID : C6472373</b>
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	Election Cycle-to-Date 750.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Peter Erichsen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012
Mailing Address 83 Worcester St Apt 2		<b>Transaction ID : C6390948</b>
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ropes & Gray LLP	Occupation Lawyer	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>Susan M. Erstling PhD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012
Mailing Address 72 John St		<b>Transaction ID : C6462796</b>
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Family Service of RI	Occupation Social Work, Therapist	Election Cycle-to-Date 600.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

**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 25 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>Tripp Evans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2012
Mailing Address 300 Pearl St Unit 308		<b>Transaction ID : C6458226</b>
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wheaton College	Occupation Professor	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) <b>Constance F. Evrard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2012
Mailing Address 10 Arnold St		<b>Transaction ID : C6459448</b>
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 950.00	

Full Name (Last, First, Middle Initial) <b>Michael P. Falcone</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2012
Mailing Address 333 W Washington St Ste 600		<b>Transaction ID : C6498600</b>
City Syracuse	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pioneer Companies	Occupation CEO	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 26 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Malcolm Farmer III**

Mailing Address 190 Upton Ave

City Providence State RI Zip Code 02906-5748

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

Name of Employer Occupation  
Hinckley Allan & Snyder, LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6489547**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mikel Folcarelli**

Mailing Address 1255 5th Ave  
Apt 4K

City New York State NY Zip Code 10029-3883

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501407**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Tom E. Folcarelli**

Mailing Address 95 Orchard Ave

City Middletown State RI Zip Code 02842-5840

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

Name of Employer Occupation  
Lifespan RN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484667**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 27 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Glen Fontecchio**

Mailing Address 19 Luzon Ave

City Providence State RI Zip Code 02906-4611

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458286**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Friedman**

Mailing Address 80 Faunce Dr

City Providence State RI Zip Code 02906-4801

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

Name of Employer Information Requested Occupation Information Requested  
 Paramount Restaurant Supply Corp. Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6485363**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Alyce Gasbarro**

Mailing Address 14 Robbins Dr.

City Barrington State RI Zip Code 02806-2612

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

Name of Employer Information Requested Occupation Information Requested  
 Homemaker Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6501478**

Amount of Each Receipt this Period  
 50.00

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

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

350.00

**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 28 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Francis A. Gaschen**

Mailing Address 180 Little Pond County Rd

City Cumberland State RI Zip Code 02864-2824

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

Name of Employer State of RI Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6482829**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Neil Giuliano**

Mailing Address 2007 E Balboa Dr

City Tempe State AZ Zip Code 85282-4004

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

Name of Employer San Francisco AIDS Foundation Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : C6488975**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Doree M. Goodman**

Mailing Address 39 Bagy Wrinkle Cv

City Warren State RI Zip Code 02885-4114

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

Name of Employer retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**725.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 22 / 2012**

**Transaction ID : C6501564**

Amount of Each Receipt this Period  
**125.00**

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

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

**875.00**

**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 29 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth L Goody**

Mailing Address 565 W 169th St  
Apt 4C

City New York State NY Zip Code 10032-3909

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501397**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Anne B Gottlieb**

Mailing Address 1007 Church St  
Ste 408

City Evanston State IL Zip Code 60201-5913

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6465054**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**David B. Green Esq.**

Mailing Address 44 Hazard Ave

City Providence State RI Zip Code 02906-3308

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

Name of Employer Information Requested Occupation Information Requested  
Green & Greenberg Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6485460**

Amount of Each Receipt this Period  
500.00

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

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

3250.00

**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 30 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Gromada**

Mailing Address 20 Lawn Ave

City State Zip Code  
Jamestown RI 02835-1012

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

Name of Employer Occupation  
Retired Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : C6491236**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey M. Grybowski**

Mailing Address 222 Country View Dr

City State Zip Code  
Warwick RI 02886-4212

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

Name of Employer Occupation  
Deepwater Wind Chief Administrative Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6502137**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jefferson B Guimond**

Mailing Address 1 Park Row  
Ste 5

City State Zip Code  
Providence RI 02903-1235

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

Name of Employer Occupation  
Patrick Lynch Group Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458273**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 31 OF 189  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ashley L. Gunn**

Mailing Address 130 Prospect St

City Providence State RI Zip Code 02906-1445

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6500527**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**John A Gwynne Jr**

Mailing Address 1255 5th Ave  
Apt 4K

City New York State NY Zip Code 10029-3883

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501431**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**David H. Haffenreffer**

Mailing Address 65 Congdon St

City Providence State RI Zip Code 02906-1353

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C6463535**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

**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 32 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen M. Hagerty Esq.**

Mailing Address 85 Cara Ct

City North Kingstown State RI Zip Code 02852-1408

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

Name of Employer self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C6463685**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward K Hamilton**

Mailing Address 26384 Carmel Rancho Ln Ste 202

City Carmel State CA Zip Code 93923-8870

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

Name of Employer HR&A, Inc. Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6500944**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Gerald P. Hammel**

Mailing Address 24 Patten Dr

City Little Compton State RI Zip Code 02837-1333

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

Name of Employer Squire's Service LTD Occupation Hair Stylist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458368**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 33 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Hammond**

Mailing Address 39 E 51st St

City State Zip Code  
New York NY 10022-5916

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

Name of Employer Occupation  
Lou Hammond and Associates Communications

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6486342**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**E. Davisson Hardman**

Mailing Address 46 Carriglea Dr

City State Zip Code  
Riverside CT 06878-2402

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

Name of Employer Occupation  
Warburg Pincus Managing Director

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : C6482014**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Esmond V. Harmsworth**

Mailing Address 535 Boylston St  
Ste 1103

City State Zip Code  
Boston MA 02116-3768

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

Name of Employer Occupation  
Zachary Shuster Harmsworth Literary Agent

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458322**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 34 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ann- Marie Harrington**

Mailing Address 167 8th St

City Providence State RI Zip Code 02906-3715

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

Name of Employer Embolden Designs Occupation President & Founder

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6482486**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Betty L. Harrington**

Mailing Address 38 Water St

City Warren State RI Zip Code 02885-3034

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

Name of Employer Self-Employed Occupation Artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6501466**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Harris**

Mailing Address 428 W 23rd St # 1

City New York State NY Zip Code 10011-2142

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

Name of Employer Latham & Watkins Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6487662**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1300.00**

**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 35 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony P Harrison II**

Mailing Address 59 Cove Rd

City Mashpee State MA Zip Code 02649-2121

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458823**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Harvey**

Mailing Address 50 Walnut St

City Jamestown State RI Zip Code 02835-2926

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6484757**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward Harvey**

Mailing Address 50 Walnut St

City Jamestown State RI Zip Code 02835-2926

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6494861**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

**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 36 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Harvey**

Mailing Address 50 Walnut St

City State Zip Code  
Jamestown RI 02835-2926

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

Name of Employer Occupation  
None Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484756**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**William H. Hayden**

Mailing Address 252 7th Ave  
Apt 3G

City State Zip Code  
New York NY 10001-7327

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

Name of Employer Occupation  
J.P. Morgan Managing Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501437**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Libby Heimark**

Mailing Address 2174 Waverley St

City State Zip Code  
Palo Alto CA 94301-3956

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

Name of Employer Occupation  
Retired Chicago Board Options Exchange Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C6484885**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 37 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Joann Heiner**

Mailing Address 2537 W 6130 S

City State Zip Code  
Taylorsville UT 84129-2092

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : C6449730**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Joann Heiner**

Mailing Address 2537 W 6130 S

City State Zip Code  
Taylorsville UT 84129-2092

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2012

**Transaction ID : C6483656**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Joann Heiner**

Mailing Address 2537 W 6130 S

City State Zip Code  
Taylorsville UT 84129-2092

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  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C6490312**

Amount of Each Receipt this Period  
25.00

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

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

100.00

**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 38 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Joan L. Hopkins**

Mailing Address 57 Gibbs Ave

City Newport State RI Zip Code 02840-2215

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

Name of Employer J Hopkins Consulting Occupation consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : C6491095**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**paul horning**

Mailing Address 2510 Bohler Rd NW

City Atlanta State GA Zip Code 30327-1416

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

Name of Employer Morgan Stanley Smith Barney Occupation financial advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : C6482090**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Catharine Hough**

Mailing Address 129 11th St

City Brooklyn State NY Zip Code 11215-3809

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

Name of Employer Massarte Construction Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501398**

Amount of Each Receipt this Period  
**250.00**

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

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

**650.00**

**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 39 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen R. Hourahan**

Mailing Address 15 University Ave

City Providence State RI Zip Code 02906-4121

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

Name of Employer Governor Lincolnn Chafee Occupation Sr Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484810**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen R. Hourahan**

Mailing Address 15 University Ave

City Providence State RI Zip Code 02906-4121

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

Name of Employer Governor Lincolnn Chafee Occupation Sr Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C6488184**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Humphrey**

Mailing Address 3852 Main Rd

City Tiverton State RI Zip Code 02878-4851

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

Name of Employer Richard Humphrey Law Offices Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501439**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

**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 40 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**David V. Iglizzi Esq.**

Mailing Address 926 Park Ave

City Cranston State RI Zip Code 02910-2708

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

Name of Employer Darrow Everett LLP Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : C6474658**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lana Israel**

Mailing Address PO Box 913

City Great Barrington State MA Zip Code 01230-0913

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 22 / 2012**

**Transaction ID : C6501413**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lise M. Iwon Esq.**

Mailing Address 540D Matunuck Beach Rd

City Wakefield State RI Zip Code 02879-5316

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

Name of Employer Laurence & Iwon Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : C6465030**

Amount of Each Receipt this Period  
**200.00**

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

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

**750.00**

**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 41 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William Jacklin**

Mailing Address 38 Catherine St

City Newport State RI Zip Code 02840-3234

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

Name of Employer Self Occupation Artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C6473227**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Diana H Jackson**

Mailing Address 11 Colonial Rd

City Providence State RI Zip Code 02906-2524

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

Name of Employer Self Occupation Artist-educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C6459569**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathy E. Jellison**

Mailing Address 11 Willington Road

City Pawtucket State RI Zip Code 02861-2237

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

Name of Employer Mount St.Rita Health Centre Occupation Director of Development

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2012

**Transaction ID : C6355361**

Amount of Each Receipt this Period  
 50.00

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 42 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kathy E. Jellison**

Mailing Address 11 Willington Road

City Pawtucket State RI Zip Code 02861-2237

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

Name of Employer Mount St.Rita Health Centre Occupation Director of Development

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6485374**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Diana L. Johnson**

Mailing Address 102 Williams St

City Providence State RI Zip Code 02906-1031

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

Name of Employer RISD MOA Occupation art consultant, curator

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : C6488176**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Scot Jones**

Mailing Address 275 Forge Rd

City North Kingstown State RI Zip Code 02852-1009

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

Name of Employer Groov-Pin Corp Occupation CEO

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2012

**Transaction ID : C6499330**

Amount of Each Receipt this Period  
500.00

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 43 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Linda Kaboolian**

Mailing Address 23 Highland St

City State Zip Code  
Cambridge MA 02138-2209

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

Name of Employer Occupation  
Harvard University faculty

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2012

**Transaction ID : C6464798**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Kennedy**

Mailing Address 29 Old Harter Rd

City State Zip Code  
Morristown NJ 07960-6365

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

Name of Employer Occupation  
Quest Diagnostics Director of Pathology

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C6490386**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Kershaw**

Mailing Address 84 Beacon St

City State Zip Code  
Boston MA 02108-3421

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484651**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 44 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

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

Mailing Address 212 W Saint Charles Rd  
Apt 208

City Lombard State IL Zip Code 60148-2270

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

Name of Employer self Occupation programmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
208.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C6461795**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Kovner**

Mailing Address 27 W 67th St

City New York State NY Zip Code 10023-6258

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

Name of Employer Self Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501430**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Victor A Kovner**

Mailing Address 27 W 67th St

City New York State NY Zip Code 10023-6258

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501434**

Amount of Each Receipt this Period  
250.00

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

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

525.00

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

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

FOR LINE NUMBER: PAGE 45 OF 189  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph J. Kranz PhD**

Mailing Address 120 Sakonnet Dr

City Portsmouth State RI Zip Code 02871-5913

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

Name of Employer Self-Employed Occupation Technology Consultant

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6484706**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Greg Kubiak**

Mailing Address 20 Logan Cir NW  
Apt 1-3

City Washington State DC Zip Code 20005-3744

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

Name of Employer Southeastern Universities Research Ass Occupation Chief Operating Officer

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2012**

**Transaction ID : C6473107**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Linda J. Kushner**

Mailing Address 560 Lloyd Ave

City Providence State RI Zip Code 02906-5427

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

Name of Employer N/a Occupation Retired attorney and state legislator

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 26 / 2012**

**Transaction ID : C6461814**

Amount of Each Receipt this Period  
**250.00**

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

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

**850.00**

**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 46 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Sandra Lanni</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2012
Mailing Address 90 Fletcher Rd		<b>Transaction ID : C6464892</b>
City North Kingstown	State RI	
Zip Code 02852-1603		Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Law Offices of Sandra A. Lanni	Occupation Attorney	
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>B. Sally E. Lapides</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2012
Mailing Address 63 Manning St		<b>Transaction ID : C6355556</b>
City Providence	State RI	
Zip Code 02906-3130		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Residential Properties Ltd	Occupation real estate	
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>C. Sally E. Lapides</b>		Date of Receipt MM / DD / YYYY 08 / 09 / 2012
Mailing Address 63 Manning St		<b>Transaction ID : C6487899</b>
City Providence	State RI	
Zip Code 02906-3130		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Residential Properties Ltd	Occupation real estate	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 47 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Albert J. Lepore Jr.**

Mailing Address 12 Paddock Dr

City Lincoln State RI Zip Code 02865-4943

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

Name of Employer Coia & Lepore LTD Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C6473241**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James Lepore Esq.**

Mailing Address 201 John Mowry Rd

City Smithfield State RI Zip Code 02917-1230

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

Name of Employer Coia & Lepore LTD Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2012

**Transaction ID : C6473238**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sandra Levinson**

Mailing Address 10 Sheridan Sq Apt 8A

City New York State NY Zip Code 10014-6824

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501400**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**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 48 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James F. Lima**

Mailing Address 2 Charlton St  
PH B

City State Zip Code  
New York NY 10014-4920

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

Name of Employer Occupation  
HR&A Advisors, Inc. consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 12 / 2012

**Transaction ID : C6448791**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**David Lithgoe**

Mailing Address 88 Lake St

City State Zip Code  
Pawtucket RI 02860-4525

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

Name of Employer Occupation  
Brown university Glazier

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1160.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : C6484712**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Leonard L. Lopes**

Mailing Address 28 Bayley St  
Apt 501

City State Zip Code  
Pawtucket RI 02860-2986

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

Name of Employer Occupation  
Pannone Lopes Devereaux & West Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : C6458827**

Amount of Each Receipt this Period  
500.00

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

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

875.00

**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 49 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew A. Lopes Jr.**

Mailing Address **Pannone Lopes Devereaux & West**  
**317 Iron Horse Way, Suite 301**

City **Providence** State **RI** Zip Code **02908-5637**

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

Name of Employer **Pannone Lopes Devereaux & West LLC** Occupation **Attorney**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6484748**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Lough Esq.**

Mailing Address **96 Long Hwy**

City **Little Compton** State **RI** Zip Code **02837-1809**

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

Name of Employer **Hinckley Allen & Snyder LLP** Occupation **Attorney**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C6458556**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rosanne M Lowe R.N., Ph.D**

Mailing Address **50 Herbert St**

City **East Greenwich** State **RI** Zip Code **02818-4343**

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

Name of Employer **Lowe Psychological Associates, Inc.** Occupation **Psychology**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : C6482023**

Amount of Each Receipt this Period  
**250.00**

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

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

**1000.00**

**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 50 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Lozier**

Mailing Address 650 W Main Rd

City Little Compton State RI Zip Code 02837-1124

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

Name of Employer retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 12 / 2012

**Transaction ID : C6390919**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Lucheta**

Mailing Address 233 E Harris Ave

City South San Francisco State CA Zip Code 94080-6807

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

Name of Employer Torani Syrups and Flavors Occupation Principal

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6500917**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**John A. MacFadyen Esq.**

Mailing Address 115 Howland Rd

City Westport State MA Zip Code 02790-5114

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

Name of Employer John A. MacFayden, Esq. Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C6485438**

Amount of Each Receipt this Period  
**500.00**

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

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

**1750.00**

**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 51 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Suzanne M. Magaziner**

Mailing Address 184 Poppasquash Rd  
P.O. Box 319

City Bristol State RI Zip Code 02809-1004

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

Name of Employer Self-Employed Occupation Strategy Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C6485444**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Susann G. Mark**

Mailing Address 100 Clarendon Ave

City Providence State RI Zip Code 02906-5826

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

Name of Employer self Occupation lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : C6498268**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Ann E. Masterson**

Mailing Address 9 Huron Ave

City Narragansett State RI Zip Code 02882-2005

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

Name of Employer NA Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6500523**

Amount of Each Receipt this Period  
250.00

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

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

1350.00

**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 52 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Harold A Mayerson**

Mailing Address 275 Madison Ave  
Ste 1300

City State Zip Code  
New York NY 10016-1125

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2012

**Transaction ID : C6501395**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan McCalmont**

Mailing Address 45 Bluff Rd

City State Zip Code  
Barrington RI 02806-4317

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

Name of Employer Occupation  
retired 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  
08 / 14 / 2012

**Transaction ID : C6491589**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles J. McDonald**

Mailing Address 433 Poppasquash Rd

City State Zip Code  
Bristol RI 02809-1011

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

Name of Employer Occupation  
University Dermatology Inc. Dermatologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2012

**Transaction ID : C6354368**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

**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 53 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Edward J. McElroy Jr.**

Mailing Address 3001 Veazey Ter NW  
Apt 1122

City Washington State DC Zip Code 20008-5406

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

Name of Employer Retired Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012

**Transaction ID : C6354370**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**C. Thomas McMillen**

Mailing Address 1103 S Carolina Ave SE

City Washington State DC Zip Code 20003-2205

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

Name of Employer Homeland Security Capital Corporation Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2012

**Transaction ID : C6493072**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael P. Mello**

Mailing Address 22 Hartley Rd

City Belmont State MA Zip Code 02478-3823

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

Name of Employer GTech Occupation Senior Director of Government Relation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484716**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 54 OF 189  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Pierre M. V. Merle**

Mailing Address 325 E 72nd St

City State Zip Code  
New York NY 10021-4685

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 13 2012

**Transaction ID : C6490688**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew J Miller**

Mailing Address 1 Wayland Ave  
Unit 113N

City State Zip Code  
Providence RI 02906-4560

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 23 2012

**Transaction ID : C6458259**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Rebecca Minard**

Mailing Address PO Box 235

City State Zip Code  
Westport Point MA 02791-0235

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

Name of Employer Occupation  
Social Worker Blackstone Academy Charter School

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 05 2012

**Transaction ID : C6351145**

Amount of Each Receipt this Period  
1200.00

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

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

1950.00

**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 55 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Charles M. Moran Jr.**

Mailing Address 38 Riverside Dr

City Tiverton State RI Zip Code 02878-4318

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : C6348699**

Amount of Each Receipt this Period  
 10.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles M. Moran Jr.**

Mailing Address 38 Riverside Dr

City Tiverton State RI Zip Code 02878-4318

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458262**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles M. Moran Jr.**

Mailing Address 38 Riverside Dr

City Tiverton State RI Zip Code 02878-4318

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6482535**

Amount of Each Receipt this Period  
 10.00

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

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

120.00

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

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

FOR LINE NUMBER: PAGE 56 OF 189  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Meryl Roderick Moss**

Mailing Address 6 Windrush Ln

City State Zip Code  
Westport MA 02790-1220

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

Name of Employer Occupation  
Coastal Medical Chief Operating Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458256**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**James T. Mallowney**

Mailing Address 38 Pelham St

City State Zip Code  
Newport RI 02840-3046

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

Name of Employer Occupation  
Pharma-Cycle, Inc. Chemist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C6462809**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald G. Murdock**

Mailing Address 245 Ferry Landing Cir

City State Zip Code  
Portsmouth RI 02871-3126

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

Name of Employer Occupation  
Progeny Systems Regional Engineering Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C6462841**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 57 OF 189  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald G. Murdock**

Mailing Address 245 Ferry Landing Cir

City Portsmouth State RI Zip Code 02871-3126

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

Name of Employer Progeny Systems Occupation Regional Engineering Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C6494862**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jane S. Nelson**

Mailing Address 311 Freeman Pkwy

City Providence State RI Zip Code 02906-5738

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458609**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Patricia Nolan**

Mailing Address 62 Blackstone Blvd

City Providence State RI Zip Code 02906-5401

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

Name of Employer Brown University Occupation Teacher

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2012

**Transaction ID : C6347970**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 850.00

\_\_\_\_\_

**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 58 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Nolan**

Mailing Address 62 Blackstone Blvd

City Providence State RI Zip Code 02906-5401

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

Name of Employer Brown University Occupation Teacher

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2012**

**Transaction ID : C6484594**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert O'Connor**

Mailing Address 200 West St

City New York State NY Zip Code 10282-2102

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

Name of Employer Goldman Sachs Occupation Govt Affairs

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : C6484600**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**William E. O'Gara Esq.**

Mailing Address 55 Pond St

City Rehoboth State MA Zip Code 02769-1725

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

Name of Employer Pannone, Lopes, Devereaux and West Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C6458265**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

**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 59 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Merlyn O'Keefe Esq.**

Mailing Address 309 Larkin Pond Rd N

City West Kingston State RI Zip Code 02892-2008

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

Name of Employer Merlyn P.O'Keefe,LLC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 20 / 2012**

**Transaction ID : C6499574**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Louise Oates**

Mailing Address 120 W 15th St Apt 5J

City New York State NY Zip Code 10011-6792

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : C6501441**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**John E. Osborn**

Mailing Address 841 Broadway Ste 500

City New York State NY Zip Code 10003-4704

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

Name of Employer John E. Osborn PC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : C6501436**

Amount of Each Receipt this Period  
**500.00**

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

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

**1750.00**

**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 60 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Marc A. Paige**

Mailing Address 2421 NE 65th St  
Apt 207

City Fort Lauderdale State FL Zip Code 33308-1557

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

Name of Employer none Occupation disabled

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 22 / 2012**

**Transaction ID : C6501544**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dominique Palmer**

Mailing Address

City State Zip Code 02840

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6484701**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Keith Pattiz**

Mailing Address 78 Penn Rd

City Scarsdale State NY Zip Code 10583-7558

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

Name of Employer McDermott Will & Emery Occupation attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2012**

**Transaction ID : C6485133**

Amount of Each Receipt this Period  
**500.00**

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

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

**850.00**

**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 61 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jed Pearsall**

Mailing Address 64 Washington St

City Newport State RI Zip Code 02840-1514

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

Name of Employer Performance Research Occupation Sports Marketing Research

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484711**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Nuala Pell**

Mailing Address 45 Ledge Rd

City Newport State RI Zip Code 02840-4257

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484747**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Penna**

Mailing Address 163 Arlington Ave

City Providence State RI Zip Code 02906-2338

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

Name of Employer Morgan Stanley Occupation Financial Advisor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C6459417**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 62 OF 189  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**James Peyton Phillips**

Mailing Address 88 Kingston St  
Unit 2F

City Boston State MA Zip Code 02111-2247

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

Name of Employer The Phillips Group Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6485498**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Aaron S. Pike**

Mailing Address 3 Worcester Sq  
Apt 3

City Boston State MA Zip Code 02118-2900

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

Name of Employer Fresenius Medical Care, NA Occupation Marketing Communications Specialist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484656**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Vincent Pisaturo**

Mailing Address 14 Fox Dr

City Narragansett State RI Zip Code 02882-4841

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

Name of Employer none Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C6462839**

Amount of Each Receipt this Period  
150.00

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

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

1550.00

**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 63 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Chris Poore**

Mailing Address 10 Perry St

City State Zip Code  
New York NY 10014-2757

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

Name of Employer Occupation  
Corcoran Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6501454**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**R. Daniel Prentiss**

Mailing Address 5 Eastnor Ct

City State Zip Code  
Newport RI 02840-3877

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

Name of Employer Occupation  
Prentiss Law Firm Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484686**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Leslie Puth**

Mailing Address 293 Marlborough St

City State Zip Code  
Boston MA 02116-1608

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

Name of Employer Occupation  
NONE Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2012

**Transaction ID : C6490016**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 64 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Herbert Rakatansky M.D.**

Mailing Address 59 Harwich Rd

City Providence State RI Zip Code 02906-4919

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

Name of Employer Tetired Occupation Physician

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : C6450233**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joan Richards**

Mailing Address 15 Creighton St

City Providence State RI Zip Code 02906-1518

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

Name of Employer Brown University Occupation Professor

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6464855**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sarah Beinecke Richardson**

Mailing Address 305 Beavertail Rd

City Jamestown State RI Zip Code 02835-2723

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

Name of Employer Self Occupation Philanthropy

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : C6463686**

Amount of Each Receipt this Period  
**250.00**

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

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

**500.00**

**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 65 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Richardson**

Mailing Address 3952 Post Rd

City State Zip Code  
Warwick RI 02886-9235

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484745**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**maxine R richman**

Mailing Address 9 Strawberry Dr

City State Zip Code  
Barrington RI 02806-4915

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

Name of Employer Information Requested Occupation Information Requested  
retired social worler

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2012

**Transaction ID : C6499491**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Barry Robbins**

Mailing Address PO Box 704

City State Zip Code  
Fall River MA 02722-0704

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

Name of Employer Information Requested Occupation Information Requested  
Robbins MFG. Co., Inc. Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458599**

Amount of Each Receipt this Period  
250.00

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

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

1300.00

**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 66 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen A. Rodio**

Mailing Address 283 Norwood Ave

City Cranston State RI Zip Code 02905-2711

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

Name of Employer Rodio & Brown Occupation Self-employed/Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458284**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Harris N. Rosen**

Mailing Address 36 Lincoln Ave

City Providence State RI Zip Code 02906-5708

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 26 / 2012

**Transaction ID : C6462810**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Karen Rosenberg**

Mailing Address 46 Bow St

City Cranston State RI Zip Code 02905-3406

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

Name of Employer United Auto Workers Occupation servicing representative

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2012

**Transaction ID : C6459721**

Amount of Each Receipt this Period  
 250.00

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

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

1050.00

**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 67 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Rosiello Esq.**

Mailing Address 115 Howland Rd

City State Zip Code  
Westport MA 02790-5114

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

Name of Employer Occupation  
Barbara Rosiello, Esq. Self-employed/Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 20 / 2012**

**Transaction ID : C6499676**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert H. Rothman**

Mailing Address 710 Elmgrove Ave

City State Zip Code  
Providence RI 02906-4900

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 09 / 2012**

**Transaction ID : C6488175**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Deborah L. Ruggiero**

Mailing Address 78 Columbia Ave

City State Zip Code  
Jamestown RI 02835-1345

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

Name of Employer Occupation  
Citadel Communications Director of Community

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6484654**

Amount of Each Receipt this Period  
**200.00**

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

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

**1200.00**

**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 68 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Rustermier**

Mailing Address 146 Carr St

City Providence State RI Zip Code 02905-1314

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

Name of Employer Self-Employed Occupation Artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458260**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Hillary Salmons**

Mailing Address 38 Keene St

City Providence State RI Zip Code 02906-1521

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

Name of Employer Providence After School Alliance Occupation Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484754**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Arthur Sampson**

Mailing Address 146 Church Pond Dr

City Tiverton State RI Zip Code 02878-4453

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

Name of Employer Newport Hospital/Lifespan Occupation Retired CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458328**

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**

**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 69 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Mathies J. Santos**

Mailing Address 666 Hope St

City Providence State RI Zip Code 02906-2657

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

Name of Employer RI National Guard Occupation State Equal Employment Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1070.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484807**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan G Schaefer Albert**

Mailing Address 10940 Bellagio Rd

City Los Angeles State CA Zip Code 90077-3203

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

Name of Employer n/a Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C6491513**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Susan G Schaefer Albert**

Mailing Address 10940 Bellagio Rd

City Los Angeles State CA Zip Code 90077-3203

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

Name of Employer n/a Occupation homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C6491514**

Amount of Each Receipt this Period  
2500.00

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

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

5250.00

**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 70 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Schembs**

Mailing Address 3321 Military Rd NW

City Washington State DC Zip Code 20015-1721

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

Name of Employer Association of Flight Attendants - CWA Occupation Government Affairs Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 08 / 2012**

**Transaction ID : C6485367**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**James Schiff**

Mailing Address 2 Forest Hill Dr

City Cincinnati State OH Zip Code 45208-1910

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : C6458566**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**William R. Schroeder**

Mailing Address 488 Columbus Ave

City Boston State MA Zip Code 02118-3155

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

Name of Employer W R Schroeder Interiors Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 12 / 2012**

**Transaction ID : C6490201**

Amount of Each Receipt this Period  
**400.00**

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

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

**950.00**

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

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

FOR LINE NUMBER: PAGE 71 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Michael J. Sepe**

Mailing Address 95 Massachusetts St

City Cranston State RI Zip Code 02920-6745

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

Name of Employer Michael J. Sepe & Co. Occupation Accountant

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 30 / 2012**

**Transaction ID : C6484602**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Sgouros**

Mailing Address 100 Exchange St  
Unit 804

City Providence State RI Zip Code 02903-2617

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

Name of Employer Thomas Sgouros Studio Occupation Artist

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : C6474650**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jane Sharfstein**

Mailing Address 51 E Orchard Ave

City Providence State RI Zip Code 02906-5514

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

Name of Employer NY Life Occupation financial planning

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **265.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 08 / 2012**

**Transaction ID : C6355360**

Amount of Each Receipt this Period  
**20.00**

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

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

**670.00**

**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 72 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Jane Sharfstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address 51 E Orchard Ave		<b>Transaction ID : C6485373</b>
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer NY Life	Occupation financial planning	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 265.00	

Full Name (Last, First, Middle Initial) <b>B. Victor Shargai</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address 4200 Mass Ave NW PH 11		<b>Transaction ID : C6474623</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer victor shargai & aasoc.inc	Occupation interior designer	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Victor Shargai</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012
Mailing Address 4200 Mass Ave NW PH 11		<b>Transaction ID : C6511845</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer victor shargai & aasoc.inc	Occupation interior designer	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1020.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 73 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**R. Kelly Sheridan**

Mailing Address 253 Freeman Pkwy

City Providence State RI Zip Code 02906-5740

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

Name of Employer: Roberts Carroll Feldstein & Peirce Occupation: Attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 1600.00

Date of Receipt: 08 / 17 / 2012

**Transaction ID : C6498609**

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Allan M. Shine Esq.**

Mailing Address 188 Pardon Joslin Rd

City Exeter State RI Zip Code 02822-2709

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

Name of Employer: Chase Rottenberg Occupation: Attorney

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 10 / 2012

**Transaction ID : C6488974**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**David T. Shwaery**

Mailing Address 24 Patten Dr

City Little Compton State RI Zip Code 02837-1333

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

Name of Employer: Squires Services LTD Occupation: Hair Stylist

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 07 / 23 / 2012

**Transaction ID : C6458369**

Amount of Each Receipt this Period: 250.00

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

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

1750.00

**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 74 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Molly Simmons**

Mailing Address 485 Lantern Wood Dr.

City State Zip Code  
Scottdale GA 30079-6800

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

Name of Employer Occupation  
Chamberlin Edmonds Legal Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2012

**Transaction ID : C6491467**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kimberly Skeen-Jones**

Mailing Address 3 Key Ct

City State Zip Code  
Newport RI 02840-4217

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

Name of Employer Occupation  
n/a n/a

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : C6485510**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Rita Slom**

Mailing Address 400 Bellevue Ave

City State Zip Code  
Newport RI 02840-6949

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

Name of Employer Occupation  
n/a n/a

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2012

**Transaction ID : C6485447**

Amount of Each Receipt this Period  
125.00

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

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

675.00

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

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

FOR LINE NUMBER: PAGE 75 OF 189  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Brett P. Smiley**

Mailing Address 89 Angell St

City State Zip Code  
Providence RI 02906-1217

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

Name of Employer Occupation  
Campaign Finance Officers, LLC President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C6489336**

Amount of Each Receipt this Period  
1000.00

\* In-Kind: Office Space

**B.** Full Name (Last, First, Middle Initial)  
**Julie S. Smith**

Mailing Address 34 Webster St

City State Zip Code  
Newport RI 02840-4031

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

Name of Employer Occupation  
self artist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : C6455199**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Sokoloff**

Mailing Address 59 Harwich Rd

City State Zip Code  
Providence RI 02906-4919

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

Name of Employer Occupation  
Self Planning consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : C6450242**

Amount of Each Receipt this Period  
200.00

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

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

1450.00

**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 76 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur P. Solomon**

Mailing Address 63 Manning St

City Providence State RI Zip Code 02906-3130

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

Name of Employer DSF Group Occupation President & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458271**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey B. Soref**

Mailing Address 7 Gramercy Park W

City New York State NY Zip Code 10003-1759

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

Name of Employer Self Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501174**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Speare**

Mailing Address 25 Orchard Pl

City Providence State RI Zip Code 02906-5419

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : C6489008**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

**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 77 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**William J. Stanley**

Mailing Address 1350 Buccaneer Ln

City State Zip Code  
Vero Beach FL 32963-2529

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484657**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Sara R. Strachan**

Mailing Address 27 Halsey St.

City State Zip Code  
Providence RI 02906-3417

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

Name of Employer Information Requested Occupation Information Requested  
None Not employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6501453**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mayo S Stuntz Jr**

Mailing Address 1055 Seahaven Dr

City State Zip Code  
Mamaroneck NY 10543-4719

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : C6498595**

Amount of Each Receipt this Period  
750.00

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

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

1250.00

**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 78 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Sullivan**

Mailing Address **PO Box 511**

City **Newport** State **RI** Zip Code **02840-0500**

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

Name of Employer **Newport Police Department** Occupation **Detective**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6485572**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Brian C. Sweenor**

Mailing Address **21 Charles St**

City **Wakefield** State **RI** Zip Code **02879-3621**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6484746**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Susan M. Symonds**

Mailing Address **2 Regency Plz  
Apt 511**

City **Providence** State **RI** Zip Code **02903-3146**

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

Name of Employer **Susan Symonds Interior Design LLC** Occupation **Interior Designer**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2012**

**Transaction ID : C6484664**

Amount of Each Receipt this Period  
**250.00**

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

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

**750.00**

**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 79 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**M. Anne Szostak**

Mailing Address 1 Hope Street

City Bristol State RI Zip Code 02809-0348

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

Name of Employer Szostak Partners Occupation Senior Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458378**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruth B. Thumbtzen**

Mailing Address 517 Spring St

City Newport State RI Zip Code 02840-6852

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

Name of Employer Salve Regina University Occupation Educator

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6484696**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Fred Torphy**

Mailing Address 626 W Main Rd

City Little Compton State RI Zip Code 02837-1124

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

Name of Employer Torphy and Sullivan Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458559**

Amount of Each Receipt this Period  
 250.00

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

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

850.00

**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 80 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>William Tracey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2012
Mailing Address 571 Bellevue Ave		<b>Transaction ID : C6458376</b>
City Newport	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trac Builders	Occupation CEO	
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) <b>Karen A. Tramontano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012
Mailing Address 1007 S St NW		<b>Transaction ID : C6501243</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blue Star Strategies	Occupation CEO	
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) <b>Andrea Watson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address 90 Windward Ln		<b>Transaction ID : C6501559</b>
City Bristol	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer None	Occupation Not employed	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 81 OF 189  
(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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Jack H Watson**

Mailing Address 42 Conifer Park Ln NE

City Atlanta State GA Zip Code 30342-4302

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2012

**Transaction ID : C6501425**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas P. Webber**

Mailing Address 141 Beaconsfield Rd Apt 6

City Brookline State MA Zip Code 02445-3311

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

Name of Employer Information Requested Occupation Information Requested

N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458828**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Christine Melecki West**

Mailing Address 24 Messer St

City Providence State RI Zip Code 02909-2006

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

Name of Employer Information Requested Occupation Information Requested

William Kite Architects, Inc. Architect

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : C6355579**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

**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 82 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Widmeyer**

Mailing Address 231 10th Ave  
Apt 10B

City State Zip Code  
New York NY 10011-4747

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

Name of Employer Occupation  
Widmeyer Communications Chairman & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2012

**Transaction ID : C6488979**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph C Williams**

Mailing Address 433 W 21st St  
Apt 3D

City State Zip Code  
New York NY 10011-2909

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

Name of Employer Occupation  
Democrats for Education Reform Executive Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2012

**Transaction ID : C6486390**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Nancy Parker Wilson**

Mailing Address 7 Union Park

City State Zip Code  
Boston MA 02118-3702

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

Name of Employer Occupation  
Greenvale Vineyards Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2012

**Transaction ID : C6484663**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 83 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Don E. Wineberg**

Mailing Address 354 Beavertail Rd

City State Zip Code  
Jamestown RI 02835-2718

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

Name of Employer Occupation  
Chace, Ruttenberg & Freedman, LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2012

**Transaction ID : C6458283**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Heather Wishik**

Mailing Address 212 Cityside Dr  
Unit 51

City State Zip Code  
Montpelier VT 05602-4228

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

Name of Employer Occupation  
Heather Wishik Consulting Organization Development Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2012

**Transaction ID : C6472924**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Heather Wishik**

Mailing Address 212 Cityside Dr  
Unit 51

City State Zip Code  
Montpelier VT 05602-4228

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

Name of Employer Occupation  
Heather Wishik Consulting Organization Development Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 22 / 2012

**Transaction ID : C6501380**

Amount of Each Receipt this Period  
50.00

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

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

1150.00

**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 84 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Constance Worthington**

Mailing Address 240 Cole Ave

City Providence State RI Zip Code 02906-3465

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

Name of Employer n/a Occupation retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : C6458356**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Harriet C. Wrenn**

Mailing Address 22 Rhode Island Ave

City Providence State RI Zip Code 02906-5506

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2012

**Transaction ID : C6498605**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Cecily Ziegler**

Mailing Address 173 Brown St

City Providence State RI Zip Code 02906-1503

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

Name of Employer Volunteer Attorney - RILS & IIRI Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2012

**Transaction ID : C6483720**

Amount of Each Receipt this Period  
**2500.00**

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

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

**2900.00**

**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 85 OF 189
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>Imaad Zuberi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address 1016 Rush Street		<b>Transaction ID : C6501759</b>
City El Monte	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer self employed	Occupation investor	Amount of Each Receipt this Period 5000.00
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>Imaad Zuberi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 22 / 2012
Mailing Address 1016 Rush Street		<b>Transaction ID : C6501761</b>
City El Monte	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer self employed	Occupation investor	Amount of Each Receipt this Period 5000.00
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	107135.00

**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 86 OF 189
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Cmte**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
178.94

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 11 / 2012

**Transaction ID : C6452845**

Amount of Each Receipt this Period  
5.86

\* In-Kind: Fundraising Services

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5.86

5.86

**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 87 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**

Mailing Address 919 18TH STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00038604**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C6490689**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**CVS/CAREMARK CORPORATION EMPLOYEES PAC**

Mailing Address 1300 I St NW  
Ste 525W

City State Zip Code  
Washington DC 20005-3314

FEC ID number of contributing federal political committee. **C C00384818**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6465014**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Entergy Corporation**

Mailing Address 101 Constitution Ave NW  
Suite 200 East Attn: Dan Turton

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C C00363879**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6488406**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00

**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 88 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Gordon Fox**

Mailing Address 11 Gorton St

City Providence State RI Zip Code 02906-4810

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012

**Transaction ID : C6499874**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**GREAT LAND PAC**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C** C00457747

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : C6490694**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENT**

Mailing Address 1750 New York Ave NW  
Ste 400

City Washington State DC Zip Code 20006-5315

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2012

**Transaction ID : C6501622**

Amount of Each Receipt this Period  
 2000.00

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

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

3250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : C6499874

Please note all funds received are from federally permissible sources

Form/Schedule:

Transaction ID:

**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 90 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2012

**Transaction ID : C6485471**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jackie Speier For Congress**

Mailing Address PO BOX 112

City Burlingame State CA Zip Code 94011

FEC ID number of contributing federal political committee. **C** C00443705

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6465013**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)**

Mailing Address 8456 Grand Ave  
# Newyork

City Elmhurst State NY Zip Code 11373-4352

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : C6484603**

Amount of Each Receipt this Period  
1500.00

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

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

7500.00

**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 91 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Little Compton Democratic Town Committee**

Mailing Address **PO Box 244**

City **Little Compton** State **RI** Zip Code **02837-0244**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2012**

**Transaction ID : C6500534**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Marriott International**

Mailing Address **10400 FERNWOOD ROAD**

City **BETHESDA** State **MD** Zip Code **20817**

FEC ID number of contributing federal political committee. **C C00284810**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 17 / 2012**

**Transaction ID : C6498264**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NEA FUND FOR CHILDREN AND PUBLIC EDUCATION**

Mailing Address **1201 16TH STREET NW STE 420**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : C6481948**

Amount of Each Receipt this Period  
 2000.00

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

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

4600.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : C6500534

Please note all funds received are from federally permissible sources

Form/Schedule:

Transaction ID:

**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 93 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Nelson Mullins Riley & Scarborough LLP**

Mailing Address 1320 Main St  
PO BOX 11070

City Columbia State SC Zip Code 29201-3268

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2012

**Transaction ID : C6490397**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rhode Island Progressive Democrats**

Mailing Address 59 Governor Bradford Dr

City Barrington State RI Zip Code 02806-4733

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

**Transaction ID : C6499859**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Terri Sewell For Congress**

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201-1964

FEC ID number of contributing federal political committee. **C** C00458976

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2012

**Transaction ID : C6485467**

Amount of Each Receipt this Period  
1500.00

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

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

2700.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : C6499859

Please note all funds received are from federally permissible sources

Form/Schedule:

Transaction ID:

**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 95 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD**

Mailing Address 1300 I St NW  
Ste 400 West

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2012

**Transaction ID : C6490398**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Victory in November Election**

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00378695

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

**Transaction ID : C6490638**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WASHINGTON RESOURCE ASSOCIATES INC PAC**

Mailing Address PO Box 3800

City Merrifield State VA Zip Code 22116-3800

FEC ID number of contributing federal political committee. **C** C00408906

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2012

**Transaction ID : C6490395**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 96 OF 189  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

A. Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL**

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code  
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012

Transaction ID : **C6499646A**

Amount of Each Receipt this Period  
 1000.00

\* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)  
**AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2012

Transaction ID : **C6499646AB**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

1000.00

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

25550.00

**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 97 OF 189
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Citizens Bank**

Mailing Address 1 Citizens Plz

City Providence State RI Zip Code 02903-1338

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **498.08**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2012**

**Transaction ID : C6483900**

Amount of Each Receipt this Period  
**28.33**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**28.33**

**28.33**

**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 189			
	<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)  
**Cicilline Committee**

**A. 186 Waterman Associates**

Full Name (Last, First, Middle Initial)  
Mailing Address c/o Capstone Properties, Inc. 5 Bu

City Burlington State MA Zip Code 01803

Purpose of Disbursement Office Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2012

Amount of Each Disbursement this Period: 1500.00

Transaction ID : D368662

**B. Abar Hutton**

Full Name (Last, First, Middle Initial)  
Mailing Address 6190 Grovedale Ct Ste 200

City Alexandria State VA Zip Code 22310-2552

Purpose of Disbursement TV-Cable Buy

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2012

Amount of Each Disbursement this Period: 47750.00

Transaction ID : D368758

**c. Abar Hutton**

Full Name (Last, First, Middle Initial)  
Mailing Address 6190 Grovedale Ct Ste 200

City Alexandria State VA Zip Code 22310-2552

Purpose of Disbursement TV-Cable Buy

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 10 / 2012

Amount of Each Disbursement this Period: 56493.00

Transaction ID : D371286

**SUBTOTAL** of Disbursements This Page (optional) ..... 105743.00

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

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Abar Hutton</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 6190 Grovedale Ct Ste 200		Amount of Each Disbursement this Period 53300.00 <b>Transaction ID : D371322</b>
City Alexandria	State VA Zip Code 22310-2552	
Purpose of Disbursement TV-Cable Buy	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>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 1.98 <b>Transaction ID : D369076</b>
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fees	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>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 39.50 <b>Transaction ID : D361253</b>
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing Fees	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53341.48
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 3.95 <b>Transaction ID : D361257</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	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>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.79 <b>Transaction ID : D367801</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	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>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.20 <b>Transaction ID : D366805</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Allegra Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 102 Waterman St		Amount of Each Disbursement this Period 27.82
City Providence	State RI	
Zip Code 02906-1170	Purpose of Disbursement Printing (Gen. Camp. Exp.)	Transaction ID : D368736
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>B. Mr. Andy Andujar</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 174 Harold St		Amount of Each Disbursement this Period 674.97
City Providence	State RI	
Zip Code 02908-4714	Purpose of Disbursement Payroll	Transaction ID : D368745
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>C. Mr. Andy Andujar</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 174 Harold St		Amount of Each Disbursement this Period 691.87
City Providence	State RI	
Zip Code 02908-4714	Purpose of Disbursement Payroll	Transaction ID : D368778
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1394.66
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Andy Andujar</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 174 Harold St		Amount of Each Disbursement this Period 729.06 <b>Transaction ID : D368676</b>
City Providence	State RI	
Zip Code 02908-4714	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>B. Mr. Andy Andujar</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 174 Harold St		Amount of Each Disbursement this Period 691.86 <b>Transaction ID : D371295</b>
City Providence	State RI	
Zip Code 02908-4714	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>c. Angel Jorge</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 986 Broad St		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D371329</b>
City Providence	State RI	
Zip Code 02905	Purpose of Disbursement Office Rent	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2020.92
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Angel Jorge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 986 Broad St		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D368734</b>
City Providence	State RI Zip Code 02905	
Purpose of Disbursement Office Rent	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>B. Ariel Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D371350</b>
City	State Zip Code	
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>c. AT &amp; T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 379.21 <b>Transaction ID : D368727</b>
City Atlanta	State GA Zip Code 30353-6216	
Purpose of Disbursement Mobile Phone	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1279.21
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Beacon Mutual</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address PO Box 33195		Amount of Each Disbursement this Period 316.75 <b>Transaction ID : D368722</b>
City Hartford	State CT	
Zip Code 06150-3195	Purpose of Disbursement Workers Compensation Insurance	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>B. Bernardo Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 4 Lily St		Amount of Each Disbursement this Period 728.57 <b>Transaction ID : D368766</b>
City Providence	State RI	
Zip Code 02909	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>C. Bernardo Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 4 Lily St		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D368698</b>
City Providence	State RI	
Zip Code 02909	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1645.32
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Bernardo Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 4 Lily St		Amount of Each Disbursement this Period 642.86 <b>Transaction ID : D371318</b>
City Providence	State RI	
Zip Code 02909	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>B. Josh Block</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 46 Forge Rd		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : D371314</b>
City Sharon	State MA	
Zip Code 02067	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>c. Josh Block</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 46 Forge Rd		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : D368696</b>
City Sharon	State MA	
Zip Code 02067	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1892.86
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Josh Block</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 46 Forge Rd		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : D368712</b>
City Sharon	State MA Zip Code 02067	
Purpose of Disbursement Payroll	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>B. Josh Block</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 46 Forge Rd		Amount of Each Disbursement this Period 584.64 <b>Transaction ID : D368762</b>
City Sharon	State MA Zip Code 02067	
Purpose of Disbursement Payroll	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>c. Blue Cross Blue Shield of RI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 500 Exchange St		Amount of Each Disbursement this Period 2265.24 <b>Transaction ID : D368739</b>
City Providence	State RI Zip Code 02903	
Purpose of Disbursement Health Insurance	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3474.88
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield of RI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 500 Exchange St		Amount of Each Disbursement this Period 1749.20 <b>Transaction ID : D371343</b>
City Providence	State RI Zip Code 02903	
Purpose of Disbursement Health Insurance	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>B. Brotherhood of Carriers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D368689</b>
City	State Zip Code	
Purpose of Disbursement Contributions	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>c. Brown Faculty Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 1 Magee St		Amount of Each Disbursement this Period 127.02 <b>Transaction ID : D368704</b>
City Providence	State RI Zip Code 02912-9014	
Purpose of Disbursement Meals	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2126.22
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Campaign Finance Officers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 236 Hope St		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : D368731</b>
City Providence	State RI	
Zip Code 02906	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Campaign Finance Officers</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 236 Hope St		Amount of Each Disbursement this Period 5506.53 <b>Transaction ID : D371341</b>
City Providence	State RI	
Zip Code 02906	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capstone Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 5 Burlington Woods, Suite 103		Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : D371282</b>
City Burlington	State MA	
Zip Code 01803	Purpose of Disbursement Office Rent	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8956.53
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Carolina Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 16 / 2012</b>
Mailing Address <b>20 Wildwood Ave</b>		Amount of Each Disbursement this Period <b>642.86</b> <b>Transaction ID : D371316</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02907</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carolina Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 03 / 2012</b>
Mailing Address <b>20 Wildwood Ave</b>		Amount of Each Disbursement this Period <b>257.14</b> <b>Transaction ID : D368744</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02907</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carolina Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 31 / 2012</b>
Mailing Address <b>20 Wildwood Ave</b>		Amount of Each Disbursement this Period <b>728.57</b> <b>Transaction ID : D368764</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02907</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1628.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Carolina Pichardo</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 20 Wildwood Ave		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D368692</b>
City Providence	State RI	
Zip Code 02907	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>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : D368767</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D368757</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	655.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D371324</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371325</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371353</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.70
<b>TOTAL</b> This Period (last page this line number only).....	

# 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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371330</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371331</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371334</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.35
<b>TOTAL</b> This Period (last page this line number only).....	1.05

**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 113 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371335</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 0.35 <b>Transaction ID : D371348</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : D371287</b>
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Bank Service Charges	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.70
<b>TOTAL</b> This Period (last page this line number only).....	

**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 114 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Cogens Printing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 1 Virginia Ave		Amount of Each Disbursement this Period 3654.05
City Providence	State RI	
Zip Code 02905-4427	Purpose of Disbursement Printing (Fundraising)	Transaction ID : D371345
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>B. Columbian American Cultural Society</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 117		Amount of Each Disbursement this Period 1000.00
City Central Falls	State RI	
Zip Code 02863-0117	Purpose of Disbursement MEDIA / ADVERTISING	Transaction ID : D368726
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>c. Jessica David</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 265 Elena St		Amount of Each Disbursement this Period 599.40
City Cranston	State RI	
Zip Code 02920	Purpose of Disbursement Payroll	Transaction ID : D368770
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5253.45
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Jessica David</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012	
Mailing Address 265 Elena St			Amount of Each Disbursement this Period 75.00	
City Cranston	State RI	Zip Code 02920	Transaction ID : D368786	
Purpose of Disbursement Gasoline Stipend		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>B. Jessica David</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012	
Mailing Address 265 Elena St			Amount of Each Disbursement this Period 707.88	
City Cranston	State RI	Zip Code 02920	Transaction ID : D368664	
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>C. Jessica David</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012	
Mailing Address 265 Elena St			Amount of Each Disbursement this Period 707.87	
City Cranston	State RI	Zip Code 02920	Transaction ID : D368678	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1490.75
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Jessica David</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 265 Elena St		Amount of Each Disbursement this Period 707.87 <b>Transaction ID : D371298</b>
City Cranston State RI Zip Code 02920	Purpose of Disbursement Payroll	
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>B. DEMOCRACY ENGINE, INC., PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 850 QUINCY STREET, NW #402		Amount of Each Disbursement this Period 9.30 <b>Transaction ID : D369077</b>
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement Credit Card Processing Fees	
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>C. DEMOCRACY ENGINE, INC., PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 850 QUINCY STREET, NW #402		Amount of Each Disbursement this Period 3.30 <b>Transaction ID : D369014</b>
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement Credit Card Processing Fees	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	720.47
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. DEMOCRACY ENGINE, INC., PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 850 QUINCY STREET, NW #402		Amount of Each Disbursement this Period 24.00 <b>Transaction ID : D369442</b>
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement Credit Card Processing Fees	
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>B. DEMOCRACY ENGINE, INC., PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 850 QUINCY STREET, NW #402		Amount of Each Disbursement this Period 5.80 <b>Transaction ID : D366806</b>
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement Credit Card Processing Fees	
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>C. DEMOCRACY ENGINE, INC., PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 850 QUINCY STREET, NW #402		Amount of Each Disbursement this Period 0.54 <b>Transaction ID : D368083</b>
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement Credit Card Processing Fees	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.34
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Cmte</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5.86 <b>Transaction ID : D364925</b>
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement Fundraising Services	
Candidate Name	Category/Type	* In-Kind Received
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>B. Digital Turf</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 27 Clear Brook Xing		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D368738</b>
City Kennebunk State ME Zip Code 04043-6303	Purpose of Disbursement Web Expenses	
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>c. Digital Turf</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 27 Clear Brook Xing		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D371344</b>
City Kennebunk State ME Zip Code 04043-6303	Purpose of Disbursement Web Expenses	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	905.86
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. DK Communications, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 1 Beechtree Court		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : D368741</b>
City Barrington	State RI	
Zip Code 02806	Purpose of Disbursement Communications Consulting	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>B. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 69 Empire St		Amount of Each Disbursement this Period 23.98 <b>Transaction ID : D371311</b>
City Providence	State RI	
Zip Code 02903-3217	Purpose of Disbursement Volunteer Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Emily LaPlante</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 23 Lowell St, Apt 2		Amount of Each Disbursement this Period 756.96 <b>Transaction ID : D371302</b>
City Somerville	State MA	
Zip Code 02143	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2780.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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 120 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Emily LaPlante</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 23 Lowell St, Apt 2		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D368782</b>
City Somerville	State MA	
Zip Code 02143	Purpose of Disbursement Gasoline Stipend	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>B. Emily LaPlante</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 23 Lowell St, Apt 2		Amount of Each Disbursement this Period 756.96 <b>Transaction ID : D368773</b>
City Somerville	State MA	
Zip Code 02143	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>C. Emily LaPlante</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 23 Lowell St, Apt 2		Amount of Each Disbursement this Period 756.97 <b>Transaction ID : D368682</b>
City Somerville	State MA	
Zip Code 02143	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1563.93
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Emily LaPlante</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 23 Lowell St, Apt 2		Amount of Each Disbursement this Period 756.96 <b>Transaction ID : D368668</b>
City Somerville State MA Zip Code 02143	Purpose of Disbursement Payroll	
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>B. Katie Ernst</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 29 Phillips St, Apt 2		Amount of Each Disbursement this Period 1223.50 <b>Transaction ID : D368679</b>
City Providence State RI Zip Code 02906	Purpose of Disbursement Payroll	
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>C. Katie Ernst</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 29 Phillips St, Apt 2		Amount of Each Disbursement this Period 1223.50 <b>Transaction ID : D368665</b>
City Providence State RI Zip Code 02906	Purpose of Disbursement Payroll	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3203.96
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Katie Ernst</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 29 Phillips St, Apt 2		Amount of Each Disbursement this Period 944.50 <b>Transaction ID : D368771</b>
City Providence	State RI	
Zip Code 02906	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>B. Katie Ernst</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 29 Phillips St, Apt 2		Amount of Each Disbursement this Period 1335.09 <b>Transaction ID : D371299</b>
City Providence	State RI	
Zip Code 02906	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>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 146.87 <b>Transaction ID : D371328</b>
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2426.46
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1334.52 <b>Transaction ID : D371338</b>
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
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>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 451.85 <b>Transaction ID : D371339</b>
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
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>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 38.50 <b>Transaction ID : D371340</b>
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1824.87
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 58.40 <b>Transaction ID : D368755</b>
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
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>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1237.70 <b>Transaction ID : D368751</b>
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
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>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1045.06 <b>Transaction ID : D368752</b>
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2341.16
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)  
**A. First Bank Merchant Services**

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 03 / 2012

Amount of Each Disbursement this Period  
161.99

Transaction ID : D368753

Category/Type

Full Name (Last, First, Middle Initial)  
**B. Ford Credit**

Mailing Address PO Box 94380

City Palatine State IL Zip Code 60094-4380

Purpose of Disbursement  
Auto Lease

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
07 / 26 / 2012

Amount of Each Disbursement this Period  
1716.59

Transaction ID : D368724

Category/Type

Full Name (Last, First, Middle Initial)  
**c. Gay and Lesbian Victory Fund**

Mailing Address 1133 15th St NW  
Ste 350

City Washington State DC Zip Code 20005-2722

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 17 / 2012

Amount of Each Disbursement this Period  
0.54

Transaction ID : D369923

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1879.12

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

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Gay and Lesbian Victory Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 1133 15th St NW Ste 350		Amount of Each Disbursement this Period 0.02 <b>Transaction ID : D369002</b>
City Washington State DC Zip Code 20005-2722	Purpose of Disbursement Credit Card Processing Fees	
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>B. Gay and Lesbian Victory Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1133 15th St NW Ste 350		Amount of Each Disbursement this Period 11.10 <b>Transaction ID : D369194</b>
City Washington State DC Zip Code 20005-2722	Purpose of Disbursement Credit Card Processing Fees	
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>C. Gay and Lesbian Victory Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 1133 15th St NW Ste 350		Amount of Each Disbursement this Period 10.85 <b>Transaction ID : D369195</b>
City Washington State DC Zip Code 20005-2722	Purpose of Disbursement Credit Card Processing Fees	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21.97
<b>TOTAL</b> This Period (last page this line number only).....	

**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 127 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Gay and Lesbian Victory Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 1133 15th St NW Ste 350		Amount of Each Disbursement this Period 2.22
City Washington	State DC Zip Code 20005-2722	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : D369331
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>B. Get RI Magazine</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2012
Mailing Address 73 Fort Ave		Amount of Each Disbursement this Period 650.00
City Cranston	State RI Zip Code 02905-3636	
Purpose of Disbursement Print Buys		Transaction ID : D371323
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>C. Grunwald Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 1306 30th St NW		Amount of Each Disbursement this Period 23123.17
City Washington	State DC Zip Code 20007-3343	
Purpose of Disbursement Production (Media)		Transaction ID : D368720
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23775.39
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Hostway.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95 <b>Transaction ID : D368673</b>
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	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>B. Hostway.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 12.95 <b>Transaction ID : D368725</b>
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	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>C. Hostway.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95 <b>Transaction ID : D371294</b>
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	86.85
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Eric Hyers</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 162 Ninth St		Amount of Each Disbursement this Period 3420.61
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Payroll	<b>Transaction ID : D371300</b>
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>B. Eric Hyers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 162 Ninth St		Amount of Each Disbursement this Period 3420.62
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Payroll	<b>Transaction ID : D368777</b>
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>C. Eric Hyers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 162 Ninth St		Amount of Each Disbursement this Period 3420.61
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Payroll	<b>Transaction ID : D368680</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10261.84
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Eric Hyers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 162 Ninth St		Amount of Each Disbursement this Period 3420.61 <b>Transaction ID : D368666</b>
City Providence	State RI	
Zip Code 02906	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>B. Julio Aza</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 49 Croyland Rd		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D368691</b>
City Providence	State RI	
Zip Code 02905	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>C. Julio Aza</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 49 Croyland Rd		Amount of Each Disbursement this Period 514.29 <b>Transaction ID : D368742</b>
City Providence	State RI	
Zip Code 02905	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4534.90
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Julio Aza</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 49 Croyland Rd		Amount of Each Disbursement this Period 728.57
City Providence	State RI	
Zip Code 02905	Purpose of Disbursement Payroll	<b>Transaction ID : D368763</b>
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>B. Julio Aza</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 49 Croyland Rd		Amount of Each Disbursement this Period 642.86
City Providence	State RI	
Zip Code 02905	Purpose of Disbursement Payroll	<b>Transaction ID : D371315</b>
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>c. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 500.00
City Barrington	State RI	
Zip Code 02806	Purpose of Disbursement Payroll	<b>Transaction ID : D371313</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1871.43
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D368761</b>
City Barrington	State RI	
Zip Code 02806	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>B. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : D368783</b>
City Barrington	State RI	
Zip Code 02806	Purpose of Disbursement Gasoline Stipend	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>c. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 35.85 <b>Transaction ID : D368756</b>
City Barrington	State RI	
Zip Code 02806	Purpose of Disbursement Reimbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	585.85
<b>TOTAL</b> This Period (last page this line number only).....	

**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 133 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : D368707</b>
City Barrington	State RI	
Zip Code 02806	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>B. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D368711</b>
City Barrington	State RI	
Zip Code 02806	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>C. Katherine McCabe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 15 Richmond Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D368695</b>
City Barrington	State RI	
Zip Code 02806	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Nicole Kayner</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 162 9th St		Amount of Each Disbursement this Period 1844.08 <b>Transaction ID : D368667</b>
City Providence	State RI	
Zip Code 02906-2931	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>B. Nicole Kayner</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 162 9th St		Amount of Each Disbursement this Period 1844.07 <b>Transaction ID : D368681</b>
City Providence	State RI	
Zip Code 02906-2931	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>c. Nicole Kayner</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 162 9th St		Amount of Each Disbursement this Period 1844.09 <b>Transaction ID : D368772</b>
City Providence	State RI	
Zip Code 02906-2931	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5532.24
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Nicole Kayner</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 162 9th St		Amount of Each Disbursement this Period 1844.08 <b>Transaction ID : D371301</b>
City Providence	State RI Zip Code 02906-2931	
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>B. Laura Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 10 Sumter St		Amount of Each Disbursement this Period 570.00 <b>Transaction ID : D368779</b>
City Providence	State RI Zip Code 02907	
Purpose of Disbursement Field Events	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>C. Leo Perrota</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 Fruit Hill Ave		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D368713</b>
City North Providence	State RI Zip Code 02911	
Purpose of Disbursement Field Consulting	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2914.08
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189	
	<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)  
**Cicilline Committee**

**A. Metro PCS**

Full Name (Last, First, Middle Initial)  
Mailing Address 112 Douglas Ave

City Providence State RI Zip Code 02908-3257

Purpose of Disbursement Mobile Phone

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 16 / 2012

Amount of Each Disbursement this Period: 981.20

Transaction ID : D371320

**B. Michael Childs**

Full Name (Last, First, Middle Initial)  
Mailing Address 3114 Holly Ct

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 15 / 2012

Amount of Each Disbursement this Period: 1291.19

Transaction ID : D371297

**C. Michael Childs**

Full Name (Last, First, Middle Initial)  
Mailing Address 3114 Holly Ct

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 12 / 2012

Amount of Each Disbursement this Period: 1291.19

Transaction ID : D368677

**SUBTOTAL** of Disbursements This Page (optional) ..... 3563.58

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

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 3114 Holly Ct		Amount of Each Disbursement this Period 1291.19 <b>Transaction ID : D368663</b>
City Missouri City State TX Zip Code 77459	Purpose of Disbursement Payroll	
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>B. Michael Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 3114 Holly Ct		Amount of Each Disbursement this Period 1291.18 <b>Transaction ID : D368769</b>
City Missouri City State TX Zip Code 77459	Purpose of Disbursement Payroll	
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>c. Michael Hotz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 195 Angell St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D368765</b>
City Providence State RI Zip Code 02906	Purpose of Disbursement Payroll	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2832.37
<b>TOTAL</b> This Period (last page this line number only).....	

**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 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael Hotz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 195 Angell St		Amount of Each Disbursement this Period 466.67 <b>Transaction ID : D368784</b>
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Gasoline Stipend	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>B. Michael Hotz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 195 Angell St		Amount of Each Disbursement this Period 166.67 <b>Transaction ID : D368743</b>
City Providence	State RI Zip Code 02906	
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>C. Michael Hotz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 195 Angell St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D368693</b>
City Providence	State RI Zip Code 02906	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	466.67
<b>TOTAL</b> This Period (last page this line number only).....	

**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 139 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael Hotz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 195 Angell St		Amount of Each Disbursement this Period 26936.92 <b>Transaction ID : D368706</b>
City Providence	State RI	
Zip Code 02906	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>B. Michael Hotz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 195 Angell St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D371317</b>
City Providence	State RI	
Zip Code 02906	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>c. Mission Control</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 114 Mansfield Hollow Rd # A		Amount of Each Disbursement this Period 27336.92 <b>Transaction ID : D371308</b>
City Mansfield Center	State CT	
Zip Code 06250-1316	Purpose of Disbursement DIRECT MAIL	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27336.92
<b>TOTAL</b> This Period (last page this line number only).....	

**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 140 OF 189			
	<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)  
**Cicilline Committee**

**A. Mission Control**

Full Name (Last, First, Middle Initial)  
Mailing Address 114 Mansfield Hollow Rd # A

City Mansfield Center State CT Zip Code 06250-1316

Purpose of Disbursement DIRECT MAIL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2012

Amount of Each Disbursement this Period: 7720.00

Transaction ID : D368740

**B. Alexander Mollohan**

Full Name (Last, First, Middle Initial)  
Mailing Address 9 Heritage Dr

City Lincoln State RI Zip Code 02865-4024

Purpose of Disbursement Gasoline Stipend

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 06 / 2012

Amount of Each Disbursement this Period: 50.00

Transaction ID : D368785

**C. Alexander Mollohan**

Full Name (Last, First, Middle Initial)  
Mailing Address 9 Heritage Dr

City Lincoln State RI Zip Code 02865-4024

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 31 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : D368760

**SUBTOTAL** of Disbursements This Page (optional) ..... 8270.00

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

**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 141 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Alexander Mollohan</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 9 Heritage Dr		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : D368708</b>
City Lincoln	State RI Zip Code 02865-4024	
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>B. Alexander Mollohan</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 9 Heritage Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D368710</b>
City Lincoln	State RI Zip Code 02865-4024	
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>C. Alexander Mollohan</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 9 Heritage Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D368694</b>
City Lincoln	State RI Zip Code 02865-4024	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 142 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Alexander Mollohan</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2012
Mailing Address 9 Heritage Dr		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D371312</b>
City Lincoln	State RI Zip Code 02865-4024	
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>B. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 1101 15th St, NW Suite 500		Amount of Each Disbursement this Period 3450.00 <b>Transaction ID : D368717</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Database	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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 5970.65 <b>Transaction ID : D368674</b>
City Riverside	State RI Zip Code 02915	
Purpose of Disbursement Payroll Tax	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9920.65
<b>TOTAL</b> This Period (last page this line number only).....	

**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 143 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 78.80
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Service Fee	Transaction ID : D368675
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 4471.58
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	Transaction ID : D368750
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 59.10
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Service Fee	Transaction ID : D368754
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4609.48
<b>TOTAL</b> This Period (last page this line number only).....	

**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 144 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 66.45
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Service Fee	<b>Transaction ID : D371306</b>
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 5520.79
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	<b>Transaction ID : D371307</b>
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 5300.02
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	<b>Transaction ID : D371283</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10887.26
<b>TOTAL</b> This Period (last page this line number only).....	

**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 145 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 70.35
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Service Fee	<b>Transaction ID : D371284</b>
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>B. Jesse Poon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 36 Paine Rd		Amount of Each Disbursement this Period 733.18
City Cumberland	State RI	
Zip Code 02864	Purpose of Disbursement Payroll	<b>Transaction ID : D371303</b>
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>c. Jesse Poon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 36 Paine Rd		Amount of Each Disbursement this Period 733.18
City Cumberland	State RI	
Zip Code 02864	Purpose of Disbursement Payroll	<b>Transaction ID : D368774</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1536.71
<b>TOTAL</b> This Period (last page this line number only).....	

**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 146 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Jesse Poon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 36 Paine Rd		Amount of Each Disbursement this Period 75.00
City Cumberland	State RI	
Zip Code 02864	Purpose of Disbursement Gasoline Stipend	Transaction ID : D368787
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>B. Jesse Poon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 36 Paine Rd		Amount of Each Disbursement this Period 733.19
City Cumberland	State RI	
Zip Code 02864	Purpose of Disbursement Payroll	Transaction ID : D368669
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>C. Jesse Poon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 36 Paine Rd		Amount of Each Disbursement this Period 733.18
City Cumberland	State RI	
Zip Code 02864	Purpose of Disbursement Payroll	Transaction ID : D368683
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1541.37
<b>TOTAL</b> This Period (last page this line number only).....	

**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 147 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Jesse Poon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 36 Paine Rd		Amount of Each Disbursement this Period 43.00
City Cumberland	State RI	
Zip Code 02864	Purpose of Disbursement Reimbursement	Transaction ID : D368699
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>B. Providence Media</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 1944 Warwick Ave		Amount of Each Disbursement this Period 1512.00
City Warwick	State RI	
Zip Code 02889-2448	Purpose of Disbursement Print Buys	Transaction ID : D368686
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>C. Providence Media</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 1944 Warwick Ave		Amount of Each Disbursement this Period 725.00
City Warwick	State RI	
Zip Code 02889-2448	Purpose of Disbursement Print Buys	Transaction ID : D371346
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2280.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 148 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Raisa Bugros</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012		
Mailing Address 38 Gilmore St			Amount of Each Disbursement this Period 589.56		
City Providence	State RI	Zip Code 02907	Transaction ID : D371296		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Raisa Bugros</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012		
Mailing Address 38 Gilmore St			Amount of Each Disbursement this Period 187.61		
City Providence	State RI	Zip Code 02907	Transaction ID : D368697		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. Raisa Bugros</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012		
Mailing Address 38 Gilmore St			Amount of Each Disbursement this Period 589.55		
City Providence	State RI	Zip Code 02907	Transaction ID : D368768		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1366.72
<b>TOTAL</b> This Period (last page this line number only).....	

**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 149 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Raisa Bugros</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 38 Gilmore St		Amount of Each Disbursement this Period 494.92 <b>Transaction ID : D368746</b>
City Providence	State RI Zip Code 02907	
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>B. Rebecca Yoskowitz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 1260 21st NW		Amount of Each Disbursement this Period 19645.00 <b>Transaction ID : D368688</b>
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Fundraising Consulting	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>c. Rebecca Yoskowitz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 1260 21st NW		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : D371292</b>
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Fundraising Consulting	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27139.92
<b>TOTAL</b> This Period (last page this line number only).....	

**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 150 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Rolla Group LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 1132 6th Street, NW #2 JEFF LARIVEE		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : D371291</b>
City Washington State DC Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Rolla Group LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 1132 6th Street, NW #2 JEFF LARIVEE		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : D368719</b>
City Washington State DC Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. Rolla Group LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address 1132 6th Street, NW #2 JEFF LARIVEE		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : D368780</b>
City Washington State DC Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 151 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Sardella's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 30 Memorial Blvd. West		Amount of Each Disbursement this Period 2071.68
City Newport	State RI	
Zip Code 02840	Purpose of Disbursement Catering (Fundraising)	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>B. Brenna Saucier</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 175 Sayles Ave		Amount of Each Disbursement this Period 682.56
City Pawtucket	State RI	
Zip Code 02860	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>C. Brenna Saucier</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 175 Sayles Ave		Amount of Each Disbursement this Period 682.56
City Pawtucket	State RI	
Zip Code 02860	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3436.80
<b>TOTAL</b> This Period (last page this line number only).....	

**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 152 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Brenna Saucier</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 175 Sayles Ave		Amount of Each Disbursement this Period 682.57 <b>Transaction ID : D368684</b>
City Pawtucket	State RI	
Zip Code 02860	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>B. Brenna Saucier</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 175 Sayles Ave		Amount of Each Disbursement this Period 682.56 <b>Transaction ID : D368670</b>
City Pawtucket	State RI	
Zip Code 02860	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>c. Sheahan Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 1 Front St		Amount of Each Disbursement this Period 1364.25 <b>Transaction ID : D368716</b>
City Woonsocket	State RI	
Zip Code 02895-4308	Purpose of Disbursement Printing (Gen. Camp. Exp.)	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2729.38
<b>TOTAL</b> This Period (last page this line number only).....	

**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 153 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Sheahan Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2012
Mailing Address 1 Front St		Amount of Each Disbursement this Period 5761.95 <b>Transaction ID : D368729</b>
City Woonsocket	State RI	
Zip Code 02895-4308	Purpose of Disbursement Printing (Gen. Camp. Exp.)	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>B. Sheahan Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 1 Front St		Amount of Each Disbursement this Period 1139.55 <b>Transaction ID : D368737</b>
City Woonsocket	State RI	
Zip Code 02895-4308	Purpose of Disbursement Printing (Gen. Camp. Exp.)	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>C. Sheahan Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 1 Front St		Amount of Each Disbursement this Period 925.55 <b>Transaction ID : D368732</b>
City Woonsocket	State RI	
Zip Code 02895-4308	Purpose of Disbursement Printing (Gen. Camp. Exp.)	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7827.05
<b>TOTAL</b> This Period (last page this line number only).....	

**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 154 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Mr. Brett P. Smiley</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 89 Angell St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D369211</b>
City Providence	State RI Zip Code 02906-1217	
Purpose of Disbursement Office Space	Candidate Name	* In-Kind Received
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Dan Sorenson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 176 Hilltop Dr		Amount of Each Disbursement this Period 1291.18 <b>Transaction ID : D371305</b>
City Portsmouth	State RI Zip Code 02871-1203	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Dan Sorenson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 176 Hilltop Dr		Amount of Each Disbursement this Period 683.32 <b>Transaction ID : D368747</b>
City Portsmouth	State RI Zip Code 02871-1203	
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2974.50
<b>TOTAL</b> This Period (last page this line number only).....	

**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 155 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Dan Sorenson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 176 Hilltop Dr		Amount of Each Disbursement this Period 1558.10 <b>Transaction ID : D368776</b>
City Portsmouth	State RI	
Zip Code 02871-1203	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>B. Dan Sorenson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 176 Hilltop Dr		Amount of Each Disbursement this Period 733.19 <b>Transaction ID : D368685</b>
City Portsmouth	State RI	
Zip Code 02871-1203	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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 100.56 <b>Transaction ID : D371347</b>
City Providence	State RI	
Zip Code 02904-5722	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2391.85
<b>TOTAL</b> This Period (last page this line number only).....	

**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 156 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 21 / 2012

Amount of Each Disbursement this Period 39.30

Transaction ID : D371332

Full Name (Last, First, Middle Initial)

**B. Stop & Shop**

Mailing Address 333 W River St

City Providence State RI Zip Code 02904-2610

Purpose of Disbursement Volunteer Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 22 / 2012

Amount of Each Disbursement this Period 38.04

Transaction ID : D371336

Full Name (Last, First, Middle Initial)

**c. Stop & Shop**

Mailing Address 333 W River St

City Providence State RI Zip Code 02904-2610

Purpose of Disbursement Field Event Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 15 / 2012

Amount of Each Disbursement this Period 42.43

Transaction ID : D371359

**SUBTOTAL** of Disbursements This Page (optional) ..... 119.77

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

**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 157 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. The Feldman Group, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012		
Mailing Address 508-510 9th Street, SE			Amount of Each Disbursement this Period 14146.96		
City Washington	State DC	Zip Code 20003	Transaction ID : D371309		
Purpose of Disbursement Research Expense		Category/ Type			
Candidate Name					
Office Sought:	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>B. The Feldman Group, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012		
Mailing Address 508-510 9th Street, SE			Amount of Each Disbursement this Period 43335.47		
City Washington	State DC	Zip Code 20003	Transaction ID : D368671		
Purpose of Disbursement Research Expense		Category/ Type			
Candidate Name					
Office Sought:	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>c. The Feldman Group, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012		
Mailing Address 508-510 9th Street, SE			Amount of Each Disbursement this Period 11199.13		
City Washington	State DC	Zip Code 20003	Transaction ID : D368781		
Purpose of Disbursement Research Expense		Category/ Type			
Candidate Name					
Office Sought:	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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68681.56
<b>TOTAL</b> This Period (last page this line number only).....	

**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 158 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>21</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		21		2012
M M	/	D D	/	Y Y Y Y								
08		21		2012								
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period										
City	State											
Providence	RI	Zip Code										
02909-3323												
Purpose of Disbursement	Category/ Type	<table border="1"> <tr> <td>4.80</td> </tr> </table>	4.80									
4.80												
Postage (Field)												
Candidate Name		<b>Transaction ID : D371333</b>										
Office Sought:	Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		17		2012
M M	/	D D	/	Y Y Y Y								
08		17		2012								
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period										
City	State											
Providence	RI	Zip Code										
02909-3323												
Purpose of Disbursement	Category/ Type	<table border="1"> <tr> <td>450.00</td> </tr> </table>	450.00									
450.00												
Postage (Fundraising)												
Candidate Name		<b>Transaction ID : D371326</b>										
Office Sought:	Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Verizon</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		03		2012
M M	/	D D	/	Y Y Y Y								
07		03		2012								
Mailing Address PO Box 1100		Amount of Each Disbursement this Period										
City	State											
Albany	NY	Zip Code										
12250-0001												
Purpose of Disbursement	Category/ Type	<table border="1"> <tr> <td>44.02</td> </tr> </table>	44.02									
44.02												
Office Phones												
Candidate Name		<b>Transaction ID : D368735</b>										
Office Sought:	Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>498.82</td> </tr> </table>	498.82
498.82		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 159 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 472.39
City Albany	State NY	
Zip Code 12250-0001	Purpose of Disbursement Office Phones	Transaction ID : D368718
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>B. WNRI</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 786 Diamond Hill Rd		Amount of Each Disbursement this Period 150.00
City Woonsocket	State RI	
Zip Code 02895	Purpose of Disbursement Radio Buy	Transaction ID : D368703
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>c. Eric Hyers</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2012
Mailing Address 162 Ninth St		Amount of Each Disbursement this Period 520.00
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Reimbursement	Transaction ID : D358441
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1142.39
<b>TOTAL</b> This Period (last page this line number only).....	

**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 160 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2012

Amount of Each Disbursement this Period: 468.00

Transaction ID : D358449

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Stop & Shop**

Mailing Address 333 W River St

City Providence State RI Zip Code 02904-2610

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2012

Amount of Each Disbursement this Period: 52.00

Transaction ID : D358450

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address 2965 W Corporate Lakes Blvd

City Weston State FL Zip Code 33331-3626

Purpose of Disbursement Credit Card

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 29 / 2012

Amount of Each Disbursement this Period: 346.78

Transaction ID : D368294

**SUBTOTAL** of Disbursements This Page (optional) ..... 346.78

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

**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 161 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. CVS #729</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 799 Hope Street		Amount of Each Disbursement this Period 4.25
City Providence	State RI	
Zip Code 02906		
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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Providence Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 75 Fountain Street		Amount of Each Disbursement this Period 199.00
City Providence	State RI	
Zip Code 02902		
Purpose of Disbursement Subscriptions		
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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 13.80
City Providence	State RI	
Zip Code 02904-5722		
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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

**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 162 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 66.29
City Providence	State RI	
Zip Code 02904-5722	Purpose of Disbursement Office Supplies	Transaction ID : D368296
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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 39.30
City Providence	State RI	
Zip Code 02904-5722	Purpose of Disbursement Office Supplies	Transaction ID : D368297
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>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2012
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 860.06
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card	Transaction ID : D368315
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	860.06
<b>TOTAL</b> This Period (last page this line number only).....	

**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 163 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Brenna Saucier</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 175 Sayles Ave		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : D368700</b>
City Pawtucket	State RI	
Zip Code 02860	Purpose of Disbursement Reimbursement	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>B. Jessica David</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 265 Elena St		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : D368701</b>
City Cranston	State RI	
Zip Code 02920	Purpose of Disbursement Reimbursement	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>c. Andrew Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012
Mailing Address 29 Phillips St		Amount of Each Disbursement this Period 8.55 <b>Transaction ID : D368702</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Reimbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38.55
<b>TOTAL</b> This Period (last page this line number only).....	

**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 164 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Staples</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>17</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		17		2012
M M	/	D D	/	Y Y Y Y								
07		17		2012								
Mailing Address 551 N Main St		Amount of Each Disbursement this Period										
City Providence State RI Zip Code 02904-5722		<table border="1"> <tr> <td>8.55</td> </tr> </table>	8.55									
8.55												
Purpose of Disbursement Office Supplies		Transaction ID : D371908										
Candidate Name		[MEMO ITEM]										
Office Sought:	Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. American Express</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>23</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		23		2012
M M	/	D D	/	Y Y Y Y								
07		23		2012								
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period										
City Weston State FL Zip Code 33331-3626		<table border="1"> <tr> <td>6151.02</td> </tr> </table>	6151.02									
6151.02												
Purpose of Disbursement Credit Card		Transaction ID : D368714										
Candidate Name												
Office Sought:	Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Clear Corporate</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>23</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		23		2012
M M	/	D D	/	Y Y Y Y								
07		23		2012								
Mailing Address 1475 120th Avenue NE		Amount of Each Disbursement this Period										
City Bellevue State WA Zip Code 98005		<table border="1"> <tr> <td>156.98</td> </tr> </table>	156.98									
156.98												
Purpose of Disbursement Wireless		Transaction ID : D368844										
Candidate Name		[MEMO ITEM]										
Office Sought:	Disbursement For: 2012											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>6151.02</td> </tr> </table>	6151.02
6151.02		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 165 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Clear Corporate</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 1475 120th Avenue NE		Amount of Each Disbursement this Period 49.99
City Bellevue State WA Zip Code 98005	Category/Type	
Purpose of Disbursement Wireless	Candidate Name	Transaction ID : D368904 <b>[MEMO ITEM]</b>
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>B. CVS #729</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 799 Hope Street		Amount of Each Disbursement this Period 21.22
City Providence State RI Zip Code 02906	Category/Type	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D368877 <b>[MEMO ITEM]</b>
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>c. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 69 Empire St		Amount of Each Disbursement this Period 34.62
City Providence State RI Zip Code 02903-3217	Category/Type	
Purpose of Disbursement Meals	Candidate Name	Transaction ID : D368851 <b>[MEMO ITEM]</b>
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:		

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

**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 166 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. East Coast Screen Printing</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 22 Partridge St		Amount of Each Disbursement this Period 442.00
City Providence	State RI	
Zip Code 02908-5400	Category/ Type	<b>Transaction ID : D368908</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Camp. Visibility (Field)		
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>B. Evolution Wireless</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 328 WARREN AVE		Amount of Each Disbursement this Period 512.00
City East Providence	State RI	
Zip Code 02914-3841	Category/ Type	<b>Transaction ID : D368909</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Phone Bill		
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>C. Evolution Wireless</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 328 WARREN AVE		Amount of Each Disbursement this Period 128.00
City East Providence	State RI	
Zip Code 02914-3841	Category/ Type	<b>Transaction ID : D368891</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Phone Bill		
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:		

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

**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 167 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Imprint.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 4850 Wright Road Suite 100		Amount of Each Disbursement this Period 238.51
City Stafford State TX Zip Code 77477	Purpose of Disbursement Camp. Visibility (Field)	Transaction ID : D368875 <b>[MEMO ITEM]</b>
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>B. JetBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 118-29 Queens Boulevard		Amount of Each Disbursement this Period 134.80
City Forest Hills State NY Zip Code 11375	Purpose of Disbursement Staff Travel	Transaction ID : D368855 <b>[MEMO ITEM]</b>
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>C. Metro PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 112 Douglas Ave		Amount of Each Disbursement this Period 127.00
City Providence State RI Zip Code 02908-3257	Purpose of Disbursement Mobile Phone	Transaction ID : D368876 <b>[MEMO ITEM]</b>
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:		

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

**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 168 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Metro PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 112 Douglas Ave		Amount of Each Disbursement this Period 125.00
City Providence	State RI Zip Code 02908-3257	
Purpose of Disbursement Mobile Phone		Transaction ID : D368893
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Metro PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 112 Douglas Ave		Amount of Each Disbursement this Period 125.00
City Providence	State RI Zip Code 02908-3257	
Purpose of Disbursement Mobile Phone		Transaction ID : D368894
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Ocean State Job Lot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 361 Reservoir Avenue		Amount of Each Disbursement this Period 13.08
City Providence	State RI Zip Code 02907	
Purpose of Disbursement Field Event Supplies		Transaction ID : D368864
Candidate Name		
Office Sought:	Disbursement For: 2012	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

**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 169 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Ocean State Job Lot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 361 Reservoir Avenue		Amount of Each Disbursement this Period 5.10
City Providence	State RI Zip Code 02907	
Purpose of Disbursement Field Event Supplies	Category/Type	<b>Transaction ID : D368865</b> <b>[MEMO ITEM]</b>
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>B. Pastiche</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 92 Spruce Street		Amount of Each Disbursement this Period 27.87
City Providence	State RI Zip Code 02908	
Purpose of Disbursement Meals	Category/Type	<b>Transaction ID : D368839</b> <b>[MEMO ITEM]</b>
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>C. Price Rite</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 325 Valley Street		Amount of Each Disbursement this Period 381.97
City Providence	State RI Zip Code 02908	
Purpose of Disbursement Volunteer Food	Category/Type	<b>Transaction ID : D368911</b> <b>[MEMO ITEM]</b>
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:		

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

**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 170 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Providence Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 75 Fountain Street		Amount of Each Disbursement this Period 32.00
City Providence	State RI Zip Code 02902	
Purpose of Disbursement Subscriptions	Candidate Name	Transaction ID : D368843
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Providence Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 75 Fountain Street		Amount of Each Disbursement this Period 32.00
City Providence	State RI Zip Code 02902	
Purpose of Disbursement Subscriptions	Candidate Name	Transaction ID : D368849
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Royal Performance Group (RPG Gift Cards)</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 2100 Western Court Suite 80		Amount of Each Disbursement this Period 531.47
City Lisle	State IL Zip Code 60532	
Purpose of Disbursement Gift Cards	Candidate Name	Transaction ID : D368899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

**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 171 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. SANDWICH HUT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 1253 North Main Street		Amount of Each Disbursement this Period 34.77
City Providence	State RI Zip Code 02904	
Purpose of Disbursement Volunteer Food	Candidate Name	Transaction ID : D368903
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. SANDWICH HUT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 1253 North Main Street		Amount of Each Disbursement this Period 112.20
City Providence	State RI Zip Code 02904	
Purpose of Disbursement Volunteer Food	Candidate Name	Transaction ID : D368907
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Seven Stars</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 820 Hope Street		Amount of Each Disbursement this Period 101.50
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Volunteer Food	Candidate Name	Transaction ID : D368900
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

**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 172 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)  
**A. Seven Stars**

Mailing Address 820 Hope Street

City Providence State RI Zip Code 02906

Purpose of Disbursement Volunteer Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 39.39

Transaction ID : D368871

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. Shell Oil Providence**

Mailing Address 691 N Main St

City Providence State RI Zip Code 02904-5701

Purpose of Disbursement Gasoline

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 50.00

Transaction ID : D368846

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. Shell Oil Providence**

Mailing Address 691 N Main St

City Providence State RI Zip Code 02904-5701

Purpose of Disbursement Gasoline

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 67.45

Transaction ID : D368847

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

**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 173 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil Providence</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 100.00
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gasoline	Candidate Name	Transaction ID : D368848
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 39.30
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D368867
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 144.11
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D368868
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

**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 174 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 93.33
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D368869
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 60.55
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D368850
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 39.30
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D368884
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

**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 175 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 11.15

Transaction ID : D368885

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Stop & Shop**

Mailing Address 333 W River St

City Providence State RI Zip Code 02904-2610

Purpose of Disbursement Volunteer Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 26.98

Transaction ID : D368897

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**c. Target**

Mailing Address 79 Commerce Way

City Seekonk State MA Zip Code 02771-5816

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 21.98

Transaction ID : D368879

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

**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 176 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. The Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 387 Charles St		Amount of Each Disbursement this Period 61.32
City Providence	State RI	
Zip Code 02904-2231	Purpose of Disbursement Office Equipment	Transaction ID : D368853
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>B. The Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 387 Charles St		Amount of Each Disbursement this Period 160.09
City Providence	State RI	
Zip Code 02904-2231	Purpose of Disbursement Office Supplies	Transaction ID : D368861
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>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 150.00
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Staff Travel	Transaction ID : D368856
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:		

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

**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 177 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 11 Angell St		Amount of Each Disbursement this Period 18.15
City Providence	State RI Zip Code 02903-2722	
Purpose of Disbursement Shipping		Transaction ID : D368840
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 11 Angell St		Amount of Each Disbursement this Period 2.52
City Providence	State RI Zip Code 02903-2722	
Purpose of Disbursement Shipping		Transaction ID : D368841
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period 675.00
City Providence	State RI Zip Code 02909-3323	
Purpose of Disbursement Postage (Fundraising)		Transaction ID : D368842
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:	Category/Type	

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

**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 178 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period 411.10
City Providence	State RI	
Zip Code 02909-3323		Transaction ID : D368896
Purpose of Disbursement Postage	Category/ Type	
Candidate Name		[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:		

Full Name (Last, First, Middle Initial) <b>B. Andrew Childs</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 29 Phillips St		Amount of Each Disbursement this Period 30.45
City Providence	State RI	
Zip Code 02906		Transaction ID : D368733
Purpose of Disbursement Reimbursement	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>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 15917.97
City Weston	State FL	
Zip Code 33331-3626		Transaction ID : D368748
Purpose of Disbursement Credit Card	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15948.42
<b>TOTAL</b> This Period (last page this line number only).....	

**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 179 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Katie Ernst</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 29 Phillips St, Apt 2		Amount of Each Disbursement this Period 16.00 <b>Transaction ID : D371289</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Reimbursement	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>B. Rhode Island Turnpike and Bridge Authority</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 1 East Shore Road		Amount of Each Disbursement this Period 16.00 <b>Transaction ID : D371963</b> <b>[MEMO ITEM]</b>
City Jamestown	State RI	
Zip Code 02835	Purpose of Disbursement Travel	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>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 886.07 <b>Transaction ID : D371290</b>
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	902.07
<b>TOTAL</b> This Period (last page this line number only).....	

**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 180 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 45.00
City Weston	State FL	
Zip Code 33331-3626	Category/ Type	<b>Transaction ID : D371382</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Membership Fees		
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 25.00
City Washington	State DC	
Zip Code 20024-3224	Category/ Type	<b>Transaction ID : D371374</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Mobile Phone		
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. House Members Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address Capitol Hill H-118		Amount of Each Disbursement this Period 101.65
City Washington	State DC	
Zip Code 20543	Category/ Type	<b>Transaction ID : D371373</b> <b>[MEMO ITEM]</b>
Purpose of Disbursement Meals		
Candidate Name	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:	

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

**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 181 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil Providence</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 000,000.00 Transaction ID : D371378
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gasoline	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Shell Oil Providence</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 000,000.00 Transaction ID : D371379
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gasoline	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Shell Oil Providence</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 000,000.00 Transaction ID : D371380
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gasoline	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	[MEMO ITEM]	

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

**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 182 OF 189	
	<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)  
**Cicilline Committee**

**A. Shell Oil Providence**

Full Name (Last, First, Middle Initial)  
Mailing Address 691 N Main St

City Providence State RI Zip Code 02904-5701

Purpose of Disbursement Gasoline

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2012

Amount of Each Disbursement this Period: 50.00

Transaction ID : D371381

[MEMO ITEM]

**B. US Airways**

Full Name (Last, First, Middle Initial)  
Mailing Address 111 W Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-2880

Purpose of Disbursement Candidate Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2012

Amount of Each Disbursement this Period: 334.10

Transaction ID : D371376

[MEMO ITEM]

**C. Katie Ernst**

Full Name (Last, First, Middle Initial)  
Mailing Address 29 Phillips St, Apt 2

City Providence State RI Zip Code 02906

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 16 / 2012

Amount of Each Disbursement this Period: 13.90

Transaction ID : D371319

**SUBTOTAL** of Disbursements This Page (optional) ..... 13.90

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

**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 183 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 1251.64
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card	<b>Transaction ID : D371342</b>
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>B. Safeway</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 490 L Street NW		Amount of Each Disbursement this Period 48.28
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Event Expense (Food)	<b>Transaction ID : D371365</b> <b>[MEMO ITEM]</b>
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>c. Shell Oil Providence</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 142.35
City Providence	State RI	
Zip Code 02904-5701	Purpose of Disbursement Gasoline	<b>Transaction ID : D371360</b> <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1251.64
<b>TOTAL</b> This Period (last page this line number only).....	

**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 184 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 369.82
City Providence	State RI	
Zip Code 02904-5722	Purpose of Disbursement Office Supplies	Transaction ID : D371366
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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 43.63
City Providence	State RI	
Zip Code 02904-5722	Purpose of Disbursement Office Supplies	Transaction ID : D371367
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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 44.61
City Providence	State RI	
Zip Code 02904-5722	Purpose of Disbursement Office Supplies	Transaction ID : D371368
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:		

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

**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 185 OF 189			
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Stop &amp; Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 333 W River St		Amount of Each Disbursement this Period 4.53
City Providence	State RI	
Zip Code 02904-2610	Purpose of Disbursement Volunteer Food	Transaction ID : D371361 <b>[MEMO ITEM]</b>
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>B. Stop &amp; Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 333 W River St		Amount of Each Disbursement this Period 24.81
City Providence	State RI	
Zip Code 02904-2610	Purpose of Disbursement Volunteer Food	Transaction ID : D371362 <b>[MEMO ITEM]</b>
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>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period 360.00
City Providence	State RI	
Zip Code 02909-3323	Purpose of Disbursement Postage (Fundraising)	Transaction ID : D371369 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	491098.11

**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 186 OF 189	
	<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)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 76 MAGNOLIA TERRACE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D368687</b>
City SPRINGFIELD	State MA	
Zip Code 01108	Purpose of Disbursement Contrib. Refund	Category/ Type
Candidate Name <b>RICHARD E MR. NEAL</b>	Office Sought: <input checked="" 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: MA District: 02	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	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:	

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

**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 187 OF 189			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Cape Verdean Sup Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2012
Mailing Address		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : D368690</b>
City	State Zip Code	
Purpose of Disbursement Contributions	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>B. Ocean State Action</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 99 Bald Hill Road		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D368721</b>
City	State Zip Code	
Cranston RI 02920		
Purpose of Disbursement Contributions	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>C. Providence Cobras</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 91 Jenkins St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D368715</b>
City	State Zip Code	
Providence RI 02906		
Purpose of Disbursement Contributions	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 188 OF 189			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Full Name (Last, First, Middle Initial) <b>A. Puerto Rican Heritage of Rhode Island</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 750.00
City Puerto Rican Heritage of	State RI	
Purpose of Disbursement Contributions	Candidate Name	Transaction ID : D368723
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Quisqueya In Action, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address 807 Broad Street		Amount of Each Disbursement this Period 1000.00
City Providence	State RI	
Purpose of Disbursement Contributions	Candidate Name	Transaction ID : D368672
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement Contributions	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	2550.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Cicilline Committee**

Transaction ID : L426

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Hon. David N. Cicilline PERS FUNDS**

**[PERSONAL FUNDS]**

Election: 2010

Primary  
 General  
 Other (specify) ▼

Mailing Address  
702 Elmgrove Ave

City State ZIP Code  
Providence RI 02906-4900

Original Amount of Loan 70000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70000.00
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**TERMS**

Date Incurred: M 11 / D 01 / Y 2010  
Date Due: M / D / Y 12/31/2012  
Interest Rate: 3.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	70000.00
<b>TOTALS</b> This Period (last page in this line only).....	70000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.