

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2001 AUG -3 A 11:52

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

C00151837 060801 N 246
RAYMOND F RIGNEY JR
R 1 BRICKLAYERS POLITICAL ACTI
ON COMMITTEE
POST OFFICE PLAZA
150 MIDWAY ROAD SUITE 153
CRANSTON RI 02920

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00151837

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M6)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M5)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(c)

12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election Report for this:

Convention (12C)

Special (12S)

Election on

In the State of

(d)

30-Day

General (30G)

Runoff (30R)

Special (30S)

POST-Election Report for this:

Election on

In the State of

5. Covering Period

01

01

2001

through

06

30

2001

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 Raymond F. Rigney, Jr.

Signature of Treasurer

Raymond F. Rigney Jr.

Date

07

31

2001

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

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

RI Bricklayers Political Action Comm

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2001"/>		<input type="text" value="380286"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="380286"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="442912"/>	<input type="text" value="442912"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="823198"/>	<input type="text" value="823198"/>
7. Total Disbursements (from Line 30)	<input type="text" value="547770"/>	<input type="text" value="547770"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="275428"/>	<input type="text" value="275428"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="000"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

RI Bricklayers Political Action Comm

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0 0 0	
(ii) Unitemized	4 4 2 9 1 2	
(ii) TOTAL (add Lines 11(a)(i) and (ii)	4 4 2 9 1 2	4 4 2 9 1 2
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	4 4 2 9 1 2	4 4 2 9 1 2
12. Transfers From Affiliated/Other Party Committees	0 0 0	0 0 0
13. All Loans Received	0 0 0	0 0 0
14. Loan Repayments Received	0 0 0	0 0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0 0 0	0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0 0 0	0 0 0
17. Other Federal Receipts (Dividends, interest, etc.)	0 0 0	0 0 0
18. Transfers from Nonfederal Account for Joint Activity	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	4 4 2 9 1 2	4 4 2 9 1 2
20. Total Federal Receipts (subtract Line 18 from Line 19)	4 4 2 9 1 2	4 4 2 9 1 2

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	7 0 0 0 0	7 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	4 7 7 7 7 0	4 7 7 7 7 0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	5 4 7 7 7 0	5 4 7 7 7 0
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	5 4 7 7 7 0	5 4 7 7 7 0

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	4 4 2 9 1 2	4 4 2 9 1 2
33. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	4 4 2 9 1 2	4 4 2 9 1 2
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0	0 0 0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0 0 0	0 0 0

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

A.

Friends of Cianci

Mailing Address
235 Promenade Street

City Providence State RI Zip Code 02908

Purpose of Disbursement
Fundraiser

Candidate Name
Vincent Cianci

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

02 / 09 / 2001

Amount of Each Disbursement this Period

1,000.00

0,1,1

Category/Type

B.

Friends of John B. Harwood

Mailing Address
P.O. Box 28137

City Providence State RI Zip Code 02908

Purpose of Disbursement
Fundraiser

Candidate Name
John B. Harwood

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

02 / 12 / 2001

Amount of Each Disbursement this Period

400.00

0,1,1

Category/Type

C.

Friends of Paula McFarland

Mailing Address
100 Pomham Street

City Cranston State RI Zip Code 02910

Purpose of Disbursement
Fundraiser

Candidate Name
Paula McFarland

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

02 / 23 / 2001

Amount of Each Disbursement this Period

800.00

0,1,1

Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,480.00

1,480.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

Date of Disbursement

0	2	2	2	0	0	1
---	---	---	---	---	---	---

A.

Stephen J. Anderson Comm. C/O Christine Anderson

Mailing Address

58 Pilgrim Avenue

City

Coventry

State

RI

Zip Code

02816

Purpose of Disbursement

Fundrasier

Candidate Name

Stephen J. Anderson

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

0	1	1
---	---	---

Category/Type

Amount of Each Disbursement this Period

4	5	0	0
---	---	---	---

B.

Friends of Daniel DaPonte

Mailing Address

20 Rowley Street

City

East Providence

State

RI

Zip Code

02914

Purpose of Disbursement

Fundraiser

Candidate Name

Daniel DaPonte

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

0	1	1
---	---	---

Category/Type

Date of Disbursement

0	2	2	2	0	0	1
---	---	---	---	---	---	---

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

C.

Friends of Antonio Pires

Mailing Address

P.O. Box 2147

City

Pawtucket

State

RI

Zip Code

02861

Purpose of Disbursement

Fundraiser

Candidate Name

Antonio Pires

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

0	1	1
---	---	---

Category/Type

Date of Disbursement

0	3	1	2	2	0	1
---	---	---	---	---	---	---

Amount of Each Disbursement this Period

1	2	5	0	0
---	---	---	---	---

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

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

2	2	0	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Comm To Re-elect Sen. John J. Tassoni, Jr.		03 / 16 / 2001	
Mailing Address		Amount of Each Disbursement this Period	
B Patricia Circle		500.00	
City	State	Zip Code	Purpose of Disbursement
Smithfield	RI	02917	
Fundraiser		Category/Type	
Candidate Name		0 1 1	
John J. Tassoni, Jr.		Disbursement For:	
Office Sought:	House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	Senate	<input type="checkbox"/> Other (specify) ▼	
	President		
State:	District:		

B.		Date of Disbursement	
Moura Committee		03 / 16 / 2001	
Mailing Address		Amount of Each Disbursement this Period	
163 Transit Street		1500.00	
City	State	Zip Code	Purpose of Disbursement
Providence	RI	02906	
Fundraiser		Category/Type	
Candidate Name		0 1 1	
Paul Moura		Disbursement For:	
Office Sought:	House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	Senate	<input type="checkbox"/> Other (specify) ▼	
	President		
State:	District:		

C.		Date of Disbursement	
Bea Lanzi Campaign Comm		03 / 16 / 2001	
Mailing Address		Amount of Each Disbursement this Period	
81 Eagle Road		800.00	
City	State	Zip Code	Purpose of Disbursement
Granston	RI	02920	
Fundraiser		Category/Type	
Candidate Name		0 1 1	
Bea Lanzi		Disbursement For:	
Office Sought:	House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
	Senate	<input type="checkbox"/> Other (specify) ▼	
	President		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE 4 OF 10	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)
RI Bricklayers Political Action Comm

A.

Full Name (Last, First, Middle Initial) **RI Juvenile Officers Association**

Date of Disbursement: 03/21/2001

Mailing Address: **260 West Exchange Street, Suite 100**

City: **Providence** State: **RI** Zip Code: **02903**

Purpose of Disbursement: **Fundraiser** Category/Type: **012**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **750.00**

B.

Full Name (Last, First, Middle Initial) **The Reed Committee**

Date of Disbursement: 03/21/2001

Mailing Address: **P.O. Box 8628**

City: **Cranston** State: **RI** Zip Code: **02920**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **200.00**

C.

Full Name (Last, First, Middle Initial) **Friends of William Irons**

Date of Disbursement: 03/21/2001

Mailing Address: **P.O. Box 16210**

City: **Rumford** State: **RI** Zip Code: **02910**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **200.00**

SUBTOTAL of Disbursements This Page (optional) **475.00**

TOTAL This Period (last page this line number only) **475.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 5 OF 10
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26c	<input type="checkbox"/> 29
	<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)
RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)
A. Friends of Gerald M. Martineau

Date of Disbursement
03/21/2001

Mailing Address
P.O. Box 28133

City: **Providence,** State: **RI** Zip Code: **02908**

Purpose of Disbursement
Fundraiser

Candidate Name
Gerald M. Martineau

Category/Type
011

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

State: _____ District: _____

Amount of Each Disbursement this Period
150.00

Full Name (Last, First, Middle Initial)
B. Fogarty for Gov. Exploration Comm

Date of Disbursement
04/11/2001

Mailing Address
P.O. Box 1624

City: **Providence** State: **RI** Zip Code: **02901**

Purpose of Disbursement
Fundraiser

Candidate Name
Charles Fogarty

Category/Type
011

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

State: _____ District: _____

Amount of Each Disbursement this Period
250.00

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

Date of Disbursement
04/16/2001

Mailing Address
P.O. Box 8628

City: **Cranston** State: **RI** Zip Code: **02920**

Purpose of Disbursement
Fundraiser

Candidate Name
Jack Reed

Category/Type
011

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

State: _____ District: _____

Amount of Each Disbursement this Period
200.00

SUBTOTAL of Disbursements This Page (optional) **600.00**

TOTAL This Period (last page this line number only) **600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 28	

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NAME OF COMMITTEE (in Full)
RI Bricklayers Political Action Comm

A.

Full Name (Last, First, Middle Initial) Fogarty for Senate

Mailing Address P.O. Box 37

City Harmony State RI Zip Code 02829

Purpose of Disbursement Fundraiser 0 1 2
Category/Type

Candidate Name Paul Fogarty

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 04 / 20 / 2001

Amount of Each Disbursement this Period 5000

B.

Full Name (Last, First, Middle Initial) Friends of John McCauley

Mailing Address 71 Common Street

City Providence State RI Zip Code 02908

Purpose of Disbursement Fundraiser 0 1 2
Category/Type

Candidate Name John McCauley

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 04 / 20 / 2001

Amount of Each Disbursement this Period 5000

C.

Full Name (Last, First, Middle Initial) Friends of Rep. Joe Faria

Mailing Address P.O. Box 22B

City Central Falls State RI Zip Code 02863

Purpose of Disbursement Fundraiser 0 1 2
Category/Type

Candidate Name Joe Faria

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 05 / 01 / 2001

Amount of Each Disbursement this Period 20000

SUBTOTAL of Disbursements This Page (optional) 30000

TOTAL This Period (last page this line number only) 30000

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)
A. Providence Fraternal Order of Police, Lodge #3

Mailing Address
40 Sheridan Street

City: Providence State: RI Zip Code: 02909

Purpose of Disbursement: **Fundraiser** Category/Type: 0 1 2

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

State: District:

Date of Disbursement: 05 04 2001

Amount of Each Disbursement this Period: 395.00

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

Mailing Address
7 Legion Way

City: Cranston State: RI Zip Code: 02920

Purpose of Disbursement: **Fundraiser** Category/Type: 0 1 2

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

State: District:

Date of Disbursement: 05 11 2001

Amount of Each Disbursement this Period: 200.00

Full Name (Last, First, Middle Initial)
C. Friends of Bill SanBento

Mailing Address
494 Smithfield Avenue

City: Pawtucket State: RI Zip Code: 02860

Purpose of Disbursement: **Fundraiser** Category/Type: 0 1 1

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

State: District:

Date of Disbursement: 05 15 2001

Amount of Each Disbursement this Period: 150.00

SUBTOTAL of Disbursements This Page (optional) ▶ 745.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (in Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 15 / 2001

A.

Prov. Central Federated Council

Mailing Address

199 Wingate Avenue

City

Warwick

State

RI

Zip Code

02886

Purpose of Disbursement

Fundraiser

Candidate Name

011

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 15 / 2001

B.

Friends of Patrick Kennedy

Mailing Address

P.O. Box 321

City

Pawtucket

State

RI

Zip Code

02862

Purpose of Disbursement

Fundraiser

Candidate Name

Patrick Kennedy

011

Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 25 / 2001

C.

Graziano for Senate Comm

Mailing Address

42 Rowley Street

City

Providence

State

RI

Zip Code

02909

Purpose of Disbursement

Fundraiser

Candidate Name

Catherine Graziano

011

Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
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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)
RI Bricklayers Political Action Comm

A.

Full Name (Last, First, Middle Initial)
Senator Dominick Ruggiero Comm

Mailing Address
c/o 7 Great View Avenue

City **North Providence** State **RI** Zip Code **02904**

Purpose of Disbursement
Fundraiser

Candidate Name
Dominick Ruggiero

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
05/30/2001

Amount of Each Disbursement this Period
300.00

Category/Type
0 1 1

B.

Full Name (Last, First, Middle Initial)
Prov. Fraternal Order of Police

Mailing Address
40 Sheridan Street

City **Providence** State **RI** Zip Code **02909**

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
05/31/2001

Amount of Each Disbursement this Period
200.00

Category/Type
0 1 2

C.

Full Name (Last, First, Middle Initial)
RI Baseball Club

Mailing Address
2011 Post Road

City **Warwick** State **RI** Zip Code **02886**

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
06/18/2001

Amount of Each Disbursement this Period
200.00

Category/Type
0 1 2

SUBTOTAL of Disbursements This Page (optional) **700.00**

TOTAL This Period (last page this line number only) **700.00**

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

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

FOR LINE NUMBER: (check only one)

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

PAGE 10 OF 10

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NAME OF COMMITTEE (In Full)
RI Bricklayers Political Action Comm

A.

Full Name (Last, First, Middle Initial)
RI Young Democrats

Mailing Address
P.O. Box 41635

City: Providence State: RI Zip Code: 02904

Purpose of Disbursement
Candidate Name

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

State: District:

Date of Disbursement: 06 / 18 / 2001

Amount of Each Disbursement this Period: 100.00

Category/Type: 011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Service Charge
Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period: 777.00

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

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

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) 1777.00

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-31-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JS</i> PREPARER	<i>P-3-01</i> DATE PREPARED