**FEC FORM 3X**

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

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

OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)

ADDRESS (number and street) ▼ 41 SHEFFIELD AVENUE

Check if different than previously reported. (ACC)

CITY ▲ PROVIDENCE STATE ▲ RI ZIPCODE ▲ 02911

2. **FEC IDENTIFICATION NUMBER** ▼ C00397067

3. IS THIS REPORT — NEW (N) X **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

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

(c) 12-Day **PRE**-Election Report for the: Primary (12P) Convention (12C) General (12G) Special (12G) Runoff (12R)
Election on ____ in the State of ____

(d) 30-Day **Post**-Election Report for the: X General (30G) Runoff (30R) Special (30S)
Election on 11 02 2004 in the State of ____

5. Covering Period 10 01 2004 through 11 22 2004

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 Timothy Welsh

Signature of Treasurer Electronically Filed by Timothy Welsh Date 12 09 2004

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

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(Rev. 02/2003)