

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Rhode Island Hope PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		20334.03
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	20334.03									
(c) Total Receipts (from Line 19)	104600.00	104600.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124934.03	124934.03								
7. Total Disbursements (from Line 31)	94681.28	94681.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30252.75	30252.75								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

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**

Write or Type Committee Name
Rhode Island Hope PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	66800.00	66800.00
(ii) Unitemized	300.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	67100.00	67100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	37500.00	37500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	104600.00	104600.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	104600.00	104600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	104600.00	104600.00

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	29681.28	29681.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29681.28	29681.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	65000.00	65000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	94681.28	94681.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94681.28	94681.28

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	104600.00	104600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104600.00	104600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	29681.28	29681.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	29681.28	29681.28

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

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial)
Ellen T. Drew

Mailing Address 528 Ramona Street

City State Zip Code
Los Altos CA 94024-6509

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

Name of Employer N/A Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: C6030260

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Donald Listwin

Mailing Address 3480 Woodside Road

City State Zip Code
Woodside CA 94062

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

Name of Employer Canary Foundation Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: C6074691

Amount of Each Receipt this Period
5000.00

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

Mailing Address 2358 Massachusetts Avenue, NW

City State Zip Code
Washington DC 20009

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

Name of Employer Bauman Foundation Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: C6043251

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

<p>A. Full Name (Last, First, Middle Initial) Sylvia Blake</p> <p>Mailing Address 2211 King Place, NW</p> <p>City State Zip Code Washington DC 20007</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 05 / 19 / 2011</p> <p>Transaction ID: C6177352</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Alan C. Fox</p> <p>Mailing Address 12411 Ventura Boulevard</p> <p>City State Zip Code Studio City CA 91604</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer ACF Property Management Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 04 / 21 / 2011</p> <p>Transaction ID: C6163882</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Sheryl L. Heckmann</p> <p>Mailing Address 25325 La Loma Drive</p> <p>City State Zip Code Los Altos CA 94022-4579</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 03 / 22 / 2011</p> <p>Transaction ID: C6112723</p> <p>Amount of Each Receipt this Period 5000.00</p>
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SUBTOTAL of Receipts This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Lucy S. Winton	Date of Receipt MM / DD / YYYY 04 / 08 / 2011
	Mailing Address 126 West 11th Street Apartment 4	Transaction ID: C6160353
	City State Zip Code New York NY 10011	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Artist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Dana Gelb	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 100 Copa de Oro Road	Transaction ID: C6112564
	City State Zip Code Los Angeles CA 90077	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Christopher H. Bartle	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 80 Tegan Lane	Transaction ID: C6043254
	City State Zip Code Dover MA 02030	Amount of Each Receipt this Period 4800.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Market Shield Capital Occupation Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	14800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial)
Kevin A. Denuccio

Mailing Address 25991 Vinedo Lane

City State Zip Code
Los Altos Hills CA 94022

FEC ID number of contributing federal political committee. C

Name of Employer Red Back Network Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2011

Transaction ID: C6160355

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Janet G. Whitehouse

Mailing Address 7476 Frogtown Road

City State Zip Code
Marshall VA 20115

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
06 / 28 / 2011

Transaction ID: C6237756

Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
Belinda B. Kielland

Mailing Address 191 Carroll Avenue

City State Zip Code
Newport RI 02840

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Art Advisor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 17 / 2011

Transaction ID: C6163876

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial)
Peter Morton

Mailing Address 510 North Robertson Boulevard

City State Zip Code
Los Angeles CA 90048

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

Name of Employer Self-Employed Occupation
Businessman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2011

Transaction ID: C6163877

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
John L. Drew

Mailing Address 528 Ramona Street

City State Zip Code
Palo Alto CA 94301

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

Name of Employer Technology Crossover Ventures Occupation
General Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2011

Transaction ID: C6026308

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Richard M. Pachulski

Mailing Address 10100 Santa Monica Blvd. #1100

City State Zip Code
Los Angeles CA 90067

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

Name of Employer Pachulski, Stang, Ziehl & Jones Occupation
Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: C6112569

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	66800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 27
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial)
American Association For Justice PAC

Mailing Address 777 6th Street, NW
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: C6229140

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CVS/Caremark Corporation Employee's PAC

Mailing Address 1300 Eye Street, NW
Suite 525W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: C6237752

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Raytheon Company Political Action Committee

Mailing Address 1100 Wilson Boulevard
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: C6175832

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) American Academy of Neurology Professionals Association		Date of Receipt
	Mailing Address 509B 2nd Street, NE Lower Level		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20002
	FEC ID number of contributing federal political committee. C C00435933		Transaction ID: C6177353
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	

B.	Full Name (Last, First, Middle Initial) Microsoft Corporation Political Action Committee		Date of Receipt
	Mailing Address 16011 NE 36th Way Box 97017		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Redmond	WA	98073
	FEC ID number of contributing federal political committee. C C00227546		Transaction ID: C6112574
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	

C.	Full Name (Last, First, Middle Initial) Int'l Brotherhood Of Electrical Workers PAC		Date of Receipt
	Mailing Address 900 Seventh Street, NW		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. C C00027342		Transaction ID: C6155045
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.

Full Name (Last, First, Middle Initial) United Food & Commercial Workers Int'l Union ABC		Date of Receipt
Mailing Address 1775 K Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 09 / 2011
City State Zip Code Washington DC 20006		Transaction ID: C6074345
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00002766		Amount of Each Receipt this Period <input type="text"/> 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

B.

Full Name (Last, First, Middle Initial) Machinists Non-Partisan Political League		Date of Receipt
Mailing Address 9000 Machinists Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2011
City State Zip Code Upper Marlboro MD 20772		Transaction ID: C6237747
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00002469		Amount of Each Receipt this Period <input type="text"/> 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10000.00
TOTAL This Period (last page this line number only)	<input type="text"/> 37500.00

**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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Clarke Cooke House	Transaction ID: D304525 Date of Disbursement 05 / 05 / 2011
	Mailing Address Bannister's Wharf P.O. Box 249	Amount of Each Disbursement this Period 500.00
	City Newport State RI Zip Code 02840	
	Purpose of Disbursement Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Campaign Finance Consultants	Transaction ID: D304526 Date of Disbursement 05 / 05 / 2011
	Mailing Address 10 G Street, NW Suite 570	Amount of Each Disbursement this Period 2108.90
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Consulting Services	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Campaign Finance Consultants	Transaction ID: D304191 Date of Disbursement 04 / 07 / 2011
	Mailing Address 10 G Street, NW Suite 570	Amount of Each Disbursement this Period 2055.95
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Fundraising Consulting Services	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4664.85
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 checked="" 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	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants</p> <p>Mailing Address 10 G Street, NW Suite 570</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D297929</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3050.10"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants</p> <p>Mailing Address 10 G Street, NW Suite 570</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D305087</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2098.20"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Campaign Finance Consultants</p> <p>Mailing Address 10 G Street, NW Suite 570</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Fundraising Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D312077</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3100.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8248.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Perkins Coie, LLP	Transaction ID: D304189 Date of Disbursement MM / DD / YYYY 03 / 09 / 2011
	Mailing Address 700 13th Street, NW Suite 600	Amount of Each Disbursement this Period 6247.34
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal & Accounting Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Perkins Coie, LLP	Transaction ID: D304401 Date of Disbursement MM / DD / YYYY 04 / 26 / 2011
	Mailing Address 700 13th Street, NW Suite 600	Amount of Each Disbursement this Period 4507.90
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal & Accounting Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) H & W Printing	Transaction ID: D304978 Date of Disbursement MM / DD / YYYY 05 / 18 / 2011
	Mailing Address 3616 Oak Lane	Amount of Each Disbursement this Period 914.64
	City Mount Rainier State MD Zip Code 20712	
	Purpose of Disbursement Printing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	11669.88
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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) NGP VAN, Inc.	Transaction ID: D304190 Date of Disbursement 04 / 15 / 2011
	Mailing Address 1101 15th Street, NW Suite 500	Amount of Each Disbursement this Period 750.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Database & Website Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NGP VAN, Inc.	Transaction ID: D304400 Date of Disbursement 04 / 26 / 2011
	Mailing Address 1101 15th Street, NW Suite 500	Amount of Each Disbursement this Period 750.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Database & Website Services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D312058 Date of Disbursement 04 / 01 / 2011
	Mailing Address P.O. Box 53852	Amount of Each Disbursement this Period 4.95
	City Phoenix State AZ Zip Code 85072	
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1504.95
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)

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<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D312059 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>147.50</td></tr></table>	147.50																		
147.50																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D312060 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	2		2	0	1	1												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D312061 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	1												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fee	<table border="1"><tr><td>295.00</td></tr></table>	295.00																		
295.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>447.45</td></tr></table>	447.45
447.45		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)

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<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Merchant Account Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D312062 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 25.00
B.	Full Name (Last, First, Middle Initial) Merchant Account Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D312063 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 273.42
C.	Full Name (Last, First, Middle Initial) Merchant Account Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D312064 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 21.70

SUBTOTAL of Disbursements This Page (optional) ▶

320.12

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)

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<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Merchant Account Services	Transaction ID: D312065 Date of Disbursement
	Mailing Address P.O. Box 6600	<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="0.05"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Account Services	Transaction ID: D312066 Date of Disbursement
	Mailing Address P.O. Box 6600	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="55.80"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Account Services	Transaction ID: D312067 Date of Disbursement
	Mailing Address P.O. Box 6600	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="57.05"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Merchant Account Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D312068 Date of Disbursement 05 / 05 / 2011 <hr/> Amount of Each Disbursement this Period 20.65
B.	Full Name (Last, First, Middle Initial) Merchant Account Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D312069 Date of Disbursement 06 / 03 / 2011 <hr/> Amount of Each Disbursement this Period 44.95
C.	Full Name (Last, First, Middle Initial) Merchant Account Services <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D312070 Date of Disbursement 06 / 03 / 2011 <hr/> Amount of Each Disbursement this Period 32.00

SUBTOTAL of Disbursements This Page (optional) ▶	97.60
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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) McGrath Clambakes, Inc.	Transaction ID: D304528 Date of Disbursement 05 / 09 / 2011
	Mailing Address 64 Halsey Street #5 City Newport State RI Zip Code 02840 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00 Category/Type

B.	Full Name (Last, First, Middle Initial) Seascope Systems, Inc.	Transaction ID: D304188 Date of Disbursement 03 / 14 / 2011
	Mailing Address 103 Ruggles Avenue City Newport State RI Zip Code 02840 Purpose of Disbursement Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1450.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)	2450.00
TOTAL This Period (last page this line number only)	29516.05

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Bill Nelson For US Senate	Transaction ID: D306069 Date of Disbursement 06 / 24 / 2011
	Mailing Address 972 West Whitmire Drive	Amount of Each Disbursement this Period 5000.00
	City Melbourne State FL Zip Code 32935	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Bill Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown	Transaction ID: D306002 Date of Disbursement 06 / 22 / 2011
	Mailing Address PO Box 76187	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Sherrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown	Transaction ID: D304184 Date of Disbursement 03 / 22 / 2011
	Mailing Address PO Box 76187	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Sherrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Benjamin E. Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D304181 Date of Disbursement: 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Benjamin E. Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306003 Date of Disbursement: 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Menendez for Senate</p> <p>Mailing Address One Gateway Center Suite 520</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Robert Menendez</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D304186 Date of Disbursement: 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A.	Full Name (Last, First, Middle Initial) Menendez for Senate	Transaction ID: D304187 Date of Disbursement 03 / 22 / 2011
	Mailing Address One Gateway Center Suite 520	Amount of Each Disbursement this Period 5000.00
	City Newark State NJ Zip Code 07102	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Robert Menendez	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District:	

B.	Full Name (Last, First, Middle Initial) Langevin For Congress	Transaction ID: D304183 Date of Disbursement 03 / 31 / 2011
	Mailing Address 181-A Knight Street	Amount of Each Disbursement this Period 5000.00
	City Warwick State RI Zip Code 02886	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name James R. Langevin	
	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: RI District: 02	

C.	Full Name (Last, First, Middle Initial) Manchin for West Virginia	Transaction ID: D304182 Date of Disbursement 03 / 31 / 2011
	Mailing Address PO Box 5202	Amount of Each Disbursement this Period 5000.00
	City Charleston State WV Zip Code 25361-0202	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name Joe Manchin, III	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WV District:	

SUBTOTAL of Disbursements This Page (optional)	15000.00
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 checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

<p>A. Full Name (Last, First, Middle Initial) Cicilline Committee</p> <p>Mailing Address 102 Waterman Street Suite 2</p> <p>City Providence State RI Zip Code 02906</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name David N. Cicilline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D304185 Date of Disbursement 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Klobuchar For Minnesota 2012</p> <p>Mailing Address P.O. Box 4146</p> <p>City Saint Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Amy J. Klobuchar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306000 Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ben Cardin For Senate</p> <p>Mailing Address P.O. Box 21093</p> <p>City Catonsville State MD Zip Code 21228</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ben L. Cardin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D306001 Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rhode Island Hope PAC

A. Full Name (Last, First, Middle Initial) Stabenow For US Senate <hr/> Mailing Address P.O. Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement Contribution Candidate Name Debbie Stabenow Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306004 Date of Disbursement 06 / 22 / 2011
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) Friends Of Bernie Sanders <hr/> Mailing Address P.O. Box 391 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement Contribution Candidate Name Bernie Sanders Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D306005 Date of Disbursement 06 / 22 / 2011
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

65000.00