

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 JUL 19 A 9:52

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

RAYMOND F RIGNEY JR  
R I BRICKLAYERS POLITICAL ACTI  
ON COMMITTEE  
POST OFFICE PLAZA  
150 MIDWAY RD STE 153  
CRANSTON, RI 02920-5747

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 5 1 8 3 7

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
- 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 (12S)
- Runoff (12R)

Election on

MEM / DD / YYYYYY

in the State of

\_\_\_\_\_

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MEM / DD / YYYYYY

in the State of

\_\_\_\_\_

5. Covering Period

MEM / DD / YYYYYY  
0.1 / 0.1 / 2.0.0.5

through

MEM / DD / YYYYYY  
0.6 / 3.0 / 2.0.0.5

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

MEM / DD / YYYYYY  
07 / 12 / 2005

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  
Rev. 12/2004

2503044278

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2005"/>		<input type="text" value="1,056,421"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1,056,421"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="3,205,888"/>	<input type="text" value="3,205,888"/>
(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="1,377,009"/>	<input type="text" value="1,377,009"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2,339,611"/>	<input type="text" value="2,339,611"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1,143,048"/>	<input type="text" value="1,143,048"/>
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"/>	

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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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

RI Bricklayers Political Action Comm

Report Covering the Period: From: 0 1 / 0 1 / 2 0 0 5 To: 0 6 / 3 0 / 2 0 0 5

**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	0 0 0
(ii) Unitemized.....	3 2 0 5 8 8	3 2 0 5 8 8
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3 2 0 5 8 8	3 2 0 5 8 8
(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 33, page 5).....▶	3 2 0 5 8 8	3 2 0 5 8 8
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 37, page 5).....	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 Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0 0 0	0 0 0
(b) Levin Funds (from Schedule H5).....	0 0 0	0 0 0
(c) Total Transfers (add 18(a) and 18(b))..	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3 2 0 5 8 8	3 2 0 5 8 8
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3 2 0 5 8 8	3 2 0 5 8 8

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated 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 .....	5 0 0 0 0	5 0 0 0 0
24. Independent Expenditures (use Schedule E) .....	0 0 0	0 0 0
25. Coordinated Party Expenditures (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 .....	1 8 3 9 6 1	1 8 3 9 6 1
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) "Levin" Share .....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2 3 3 9 6 1	2 3 3 9 6 1
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0 0 0	0 0 0

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**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) .....	3 2 0 5 8 8	3 2 0 5 8 8
34. Total Contribution Refunds (from Line 28(d)) .....	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3 2 0 5 8 8	3 2 0 5 8 8
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0 0 0	0 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0 0 0	0 0 0

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**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 1 OF 4
	<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	<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)  
**RI Bricklayers Political Action Comm**

**A.** Full Name (Last, First, Middle Initial)  
**Councilwoman Romano Committee**

Mailing Address  
**31 Manhattan Street**

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

Purpose of Disbursement: **Fundraiser** Category/Type: **007**

Candidate Name: **Carol Romano**

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

State: **RI** District:

Date of Disbursement: **03 / 28 / 2005**

Amount of Each Disbursement this Period: **1,000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Paula McFarland**

Mailing Address  
**100 Pomham Street**

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

Purpose of Disbursement: **Fundraiser** Category/Type: **007**

Candidate Name: **Paula McFarland**

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

State: **RI** District:

Date of Disbursement: **03 / 28 / 2005**

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

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

Mailing Address  
**163 Transit Street**

City: **Providence,** State: **RI** Zip Code: **02906**

Purpose of Disbursement: **Fundraiser** Category/Type: **007**

Candidate Name: **Paul E. Moura**

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

State: **RI** District:

Date of Disbursement: **03 / 28 / 2005**

Amount of Each Disbursement this Period: **1,000.00**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **2,750.00**

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

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

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NAME OF COMMITTEE (In Full)

**RI Bricklayers Political Action Comm.**

Full Name (Last, First, Middle Initial)

**A.**

**Senator Dominick Ruggerio Committee**

Mailing Address

**7 Great View Avenue**

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

Purpose of Disbursement

**Fundraiser**

**0 0 7**

Candidate Name

**Dominick Ruggerio**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **RI** District:

Date of Disbursement

**0 4 / 2 0 / 2 0 0 5**

Amount of Each Disbursement this Period

**3 0 0 0 0**

Full Name (Last, First, Middle Initial)

**B.**

**Ciccione for Senator**

Mailing Address

**15 Mercy Street**

City State Zip Code  
**Providence RI 02909**

Purpose of Disbursement

**Fundraiser**

**0 0 7**

Candidate Name

**Frank Ciccione**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **RI** District:

Date of Disbursement

**0 4 / 2 0 / 2 0 0 5**

Amount of Each Disbursement this Period

**3 0 0 0 0**

Full Name (Last, First, Middle Initial)

**C.**

**Citizens for Fogarty**

Mailing Address

**PO Box 1624**

City State Zip Code  
**Providence RI 02901**

Purpose of Disbursement

**Fundraiser**

**0 0 7**

Candidate Name

**Charles J. Fogarty**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: **RI** District:

Date of Disbursement

**0 4 / 2 0 / 2 0 0 5**

Amount of Each Disbursement this Period

**5 0 0 0 0**

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

**1 1 0 0 0 0**

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

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**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 3 OF 4				
	<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.**

**A.**

Full Name (Last, First, Middle Initial)  
**RI State FOP Lodge 45**

Mailing Address  
**744 Park Avenue**

City State Zip Code  
**Cranston RI 02920**

Purpose of Disbursement  
**Fundraiser**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**04 / 29 / 2005**

Amount of Each Disbursement this Period  
**150.00**

Category/Type  
**012**

**B.**

Full Name (Last, First, Middle Initial)  
**Providence Central Federated Council**

Mailing Address  
**199 Wingate Avenue**

City State Zip Code  
**Warwick RI 02888**

Purpose of Disbursement  
**Fundraiser**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**04 / 29 / 2005**

Amount of Each Disbursement this Period  
**100.00**

Category/Type  
**012**

**C.**

Full Name (Last, First, Middle Initial)  
**RI House Democratic Leadership Comm.**

Mailing Address  
**PO Box 28737**

City State Zip Code  
**Providence RI 02908**

Purpose of Disbursement  
**Fundraiser**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**05 / 16 / 2005**

Amount of Each Disbursement this Period  
**100.00**

Category/Type  
**007**

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **350.00**

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

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

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

FOR LINE NUMBER: (check only one)  
 21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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

**A.**

Full Name (Last, First, Middle Initial)  
**Relizon Co.**

Mailing Address  
**P.O. Box 644039**

City State Zip Code  
**Pittsburgh PA 15264**

Purpose of Disbursement  
**New Checks**

Candidate Name  
**[Blank]**

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

State: District:

Date of Disbursement  
**05 / 17 / 2005**

Amount of Each Disbursement this Period  
**4051**

Category/Type  
**004**

**B.**

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

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

City State Zip Code  
**Cranston RI 02920**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Jack Reed**

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

State: District:

Date of Disbursement  
**06 / 17 / 2005**

Amount of Each Disbursement this Period  
**50000**

Category/Type  
**007**

**C.**

Full Name (Last, First, Middle Initial)  
**Checking account reconciliation error**

Mailing Address  
**[Blank]**

City State Zip Code  
**[Blank]**

Purpose of Disbursement  
**[Blank]**

Candidate Name  
**[Blank]**

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

State: District:

Date of Disbursement  
**06 / 30 / 2005**

Amount of Each Disbursement this Period  
**7410**

Category/Type  
**[Blank]**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **61461**

**TOTAL** This Period (last page this line number only).....▶ **[Blank]**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/12/05
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ser*  
PREPARER  
(3/2005)

7/19/05  
DATE PREPARED

25033844287