

# 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  
Rhode Island Hope PAC

ADDRESS (number and street) 607 14th Street, NW  
Suite 800  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00431601  
**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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2008 through 08 31 2008

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 Grace Diaz

Signature of Treasurer Electronically Filed by Grace Diaz Date 09 19 2008

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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rhode Island Hope PAC

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		56212.17
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	47365.24									
(c) Total Receipts (from Line 19) .....	39500.00	119701.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	86865.24	175913.35								
7. Total Disbursements (from Line 31) .....	38073.25	127121.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48791.99	48791.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	3039.82									

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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	39500.00	92500.00
(i) Itemized (use Schedule A) .....	0.00	200.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	39500.00	92700.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	24000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	39500.00	116700.00
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	501.18
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
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)) .....	39500.00	119701.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39500.00	119701.18

**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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10073.25	47121.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10073.25	47121.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	80000.00
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))..	38073.25	127121.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38073.25	127121.36

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	39500.00	116700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39500.00	116700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10073.25	47121.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	501.18
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10073.25	46620.18

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

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

FOR LINE NUMBER: PAGE 6 / 15  
(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)  
Peter Harter

Mailing Address 1414 22nd Street, NW  
Apartment 35

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. C

Name of Employer Intellectual Ventures Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 11 / 2008  
Transaction ID: C3976570  
Amount of Each Receipt this Period 5000.00

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

Mailing Address 528 Ramona Street

City Palo Alto State CA Zip Code 94301

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 08 / 06 / 2008  
Transaction ID: C3974880  
Amount of Each Receipt this Period 5000.00

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

Mailing Address 7476 Frogtown Road

City Marshall State VA Zip Code 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 08 / 11 / 2008  
Transaction ID: C3976561  
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 / 15  
(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)  
Daniel E. Leckrone

Mailing Address 7029 Silver Fox Drive

City State Zip Code  
San Jose CA 95120

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

Name of Employer Occupation  
The TPL Group Chairman & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2008

**Transaction ID:** C3982661

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 Occupation  
TCV Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2008

**Transaction ID:** C3974884

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
William M. Haney, III

Mailing Address 61 Lincoln Road

City State Zip Code  
Wayland MA 01778

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

Name of Employer Occupation  
Uncommon Productions Writer/Director/Producer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2008

**Transaction ID:** C3983094

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 8 / 15
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John P. Cooper	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 3925 Woodlawn Drive	<b>Transaction ID:</b> C3983096
	City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sybil M. D'Origny	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 10 Rue de L'Universite	<b>Transaction ID:</b> C3983089
	City State Zip Code Paris, France	Amount of Each Receipt this Period 2000.00
	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 ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Nightingale	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address P.O. Box 2071	<b>Transaction ID:</b> C3976569
	City State Zip Code Reno NV 89505	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Writer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	39500.00

**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) American Express	Transaction ID: D197262 Date of Disbursement 08 / 04 / 2008
	Mailing Address P.O. Box 53852	Amount of Each Disbursement this Period 29.50
	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) ▼

B.	Full Name (Last, First, Middle Initial) Hungerford Printers	Transaction ID: D196244 Date of Disbursement 08 / 26 / 2008
	Mailing Address 2207 Shannon Place, SE	Amount of Each Disbursement this Period 726.50
	City Washington State DC Zip Code 20020	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: D196255 Date of Disbursement 08 / 18 / 2008
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 1519.22
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	2275.22
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Campaign Finance Consultants	Transaction ID: D196256 Date of Disbursement 08 / 14 / 2008
	Mailing Address 10 G Street, NW Suite 470 City Washington State DC Zip Code 20002 Purpose of Disbursement Fundraising Consulting Services & Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 6869.47	

<b>B.</b> Full Name (Last, First, Middle Initial) American Express	Transaction ID: D197196 Date of Disbursement 08 / 11 / 2008
	Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 4.50	

<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Account Services	Transaction ID: D197197 Date of Disbursement 08 / 04 / 2008
	Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 115.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6988.97
<b>TOTAL</b> 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Merchant Account Services</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D197198</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1.06</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 2855</p> <p>City New York State NY Zip Code 10116</p> <p>Purpose of Disbursement Credit Card Payment, See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D194064</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 808.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D194065</p> <p>Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 808.00</p> <p><b>[MEMO ITEM]</b></p>

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

809.06

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

10073.25

# 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

A.

Full Name (Last, First, Middle Initial)  
Alaskans For Begich

Transaction ID: D196252  
Date of Disbursement

Mailing Address P.O. Box 240287

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

City Anchorage State AK Zip Code 99524

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
Mark Begich

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AK District:

B.

Full Name (Last, First, Middle Initial)  
Musgrove For U.S. Senate

Transaction ID: D196253  
Date of Disbursement

Mailing Address P.O. Box 24477

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

City Jackson State MS Zip Code 39225

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
David Ronald Musgrove

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
2008 Special General

State: MS District:

C.

Full Name (Last, First, Middle Initial)  
Andrew Rice For U.S. Senate, Inc.

Transaction ID: D196254  
Date of Disbursement

Mailing Address P.O. Box 1027

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

City Oklahoma City State OK Zip Code 73102

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
Andrew Monroe Rice

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OK District:

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

9000.00
---------

**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 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><b>A.</b> Full Name (Last, First, Middle Initial) Udall For Colorado</p> <p>Mailing Address P.O. Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mark E. Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D196245 <b>Date of Disbursement</b> 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeanne Shaheen For Senate</p> <p>Mailing Address P.O. Box 1510</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jeanne Shaheen</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D196246 <b>Date of Disbursement</b> 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Al Franken For Senate</p> <p>Mailing Address P.O. Box 583144</p> <p>City Minneapolis State MN Zip Code 55458</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Al Franken</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D196247 <b>Date of Disbursement</b> 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> 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 14 / 15

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Martin For Senate Mailing Address P.O. Box 7219 City Atlanta State GA Zip Code 30357 Purpose of Disbursement Contribution Candidate Name James Frances Martin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D196248 Date of Disbursement MM / DD / YYYY 08 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Bruce Lunsford Mailing Address 1500 Bardstown Road Second Floor City Louisville State KY Zip Code 40205 Purpose of Disbursement Contribution Candidate Name Bruce Lunsford Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D196249 Date of Disbursement MM / DD / YYYY 08 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00

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

4000.00

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

28000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 15	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Rhode Island Hope PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Perkins Coie			Nature of Debt (Purpose): Legal & Accounting Services
Mailing Address 607 14th Street, NW Suite 800			
City	State	ZIP Code	
Washington	DC	20005	

Outstanding Balance Beginning This Period		<b>Transaction ID: D194670</b>	
3039.82			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	3039.82	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3039.82
2) <b>TOTALS</b> This Period (last page this line number only).....	3039.82
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	3039.82