

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Cicilline Committee

ADDRESS (number and street) 236 Hope Street
 Check if different than previously reported. (ACC) Providence RI 02906

2. **FEC IDENTIFICATION NUMBER** ▼ C C00476564 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) RI 01

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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 Nancy Benoit

Signature of Treasurer Nancy Benoit *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cicilline Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	194487.00	989212.13
(b) Total Contribution Refunds (from Line 20(d))	0.00	750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	194487.00	988462.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	113049.77	464729.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	58.45	4270.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	112991.32	460459.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	485837.80	
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	

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 3 (Revised 12/2003)

Write or Type Committee Name

Cicilline Committee

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	152550.00	708811.50
(ii) Unitemized.....	5937.00	30544.03
(iii) TOTAL of contributions from individuals ▶	158487.00	739355.53
(b) Political Party Committees.....	0.00	6.60
(c) Other Political Committees (such as PACs).....	36000.00	249850.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	194487.00	989212.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	58.45	4270.35
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	14.08	14.45
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	194559.53	993496.93

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	113049.77	464729.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	12500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	70000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	70000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	750.00
21. OTHER DISBURSEMENTS	0.00	1400.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	113049.77	549379.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	404328.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	194559.53
25. SUBTOTAL (add Line 23 and Line 24).....	598887.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	113049.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	485837.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Joan C. Abrams

Mailing Address P.O. Box 899

City Bristol State RI Zip Code 02809-0998

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

Name of Employer Simmons College Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : C8823035

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Michael P. Adams

Mailing Address 1050 Jackson Ave, 10B

City Long Island City State NY Zip Code 11101-5862

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

Name of Employer SAGE Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : C8704249

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter Amaral

Mailing Address 690 Market Street

City San Francisco State CA Zip Code 94104

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8833943

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
William Amaral

Mailing Address 690 Market Street
Unit 1602

City San Francisco State CA Zip Code 94104

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

Name of Employer City & County of San Francisco Occupation Adult Protection

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8832456

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
William Amaral

Mailing Address 690 Market Street
Unit 1602

City San Francisco State CA Zip Code 94104

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

Name of Employer City & County of San Francisco Occupation Adult Protection

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8832457

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Mary Aparicio

Mailing Address 216 Olney Street

City Providence State RI Zip Code 02906

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

Name of Employer City & County of San Francisco Occupation Artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830342

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

5450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Steven M. Auerbacher		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 777 Bayshore Drive Apt 1204		Transaction ID : C8679765
City State Zip Code Ft Lauderdale FL 33304-3931	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Thomas Badway		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 35 Oriole Ave		Transaction ID : C8827898
City State Zip Code Providence RI 02906-5525	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Thomas E. Badway & Associates, LLC	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) C. Thomas Badway		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 35 Oriole Ave		Transaction ID : C8827897
City State Zip Code Providence RI 02906-5525	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Thomas E. Badway & Associates, LLC	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Charles Baker

Mailing Address 179 Clinton Road

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
Dewey Square Group Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : C8728139

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ian L. Barnacle

Mailing Address 18 Dover st

City State Zip Code
Providence RI 02906-3002

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

Name of Employer Occupation
Residential Properties Ltd. Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2014

Transaction ID : C8712185

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert L. Beal

Mailing Address 177 Milk St

City State Zip Code
Boston MA 02109-3404

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

Name of Employer Occupation
The Beal Companies Partner and President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : C8680532

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Susanna Beckwith

Mailing Address 196 Blackstone Blvd.

City Providence State RI Zip Code 02906-5702

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

Name of Employer Reach Out and Read RI Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : C8747356

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Leonard Bell

Mailing Address 59 Tumblebrook Road

City Woodbridge State CT Zip Code 06525-2533

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

Name of Employer Alexion Pharmaceuticals, Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : C8728994

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Edward Benson

Mailing Address 49 Progress
49 PROGRESS

City Pawtucket State RI Zip Code 02860-6132

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 04 / 2014

Transaction ID : C8644673

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Edward Benson

Mailing Address 49 Progress
49 PROGRESS

City Pawtucket State RI Zip Code 02860-6132

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : C8678370

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Arthur Berndt

Mailing Address PO Box 99

City Sharon State VT Zip Code 05065-0099

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

Name of Employer Self Occupation Maple Syrup Producer/Private Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830370

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Matthew C. Blank

Mailing Address 400 West 12th Street

City New York State NY Zip Code 10014-1798

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

Name of Employer Showtime Networks Inc. Occupation Entertainment/Media Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : C8705671

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 126
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
David C. Bohnett

Mailing Address 245 South Beverly Drive

City Beverly hills State CA Zip Code 90212-3807

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

Name of Employer Baroda Ventures LLC Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : C8699278

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Deborah Brayton

Mailing Address 127 Tenth street

City Providence State RI Zip Code 02906

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

Name of Employer OHY Foundation Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830325

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Barrett W. Bready

Mailing Address 24 Stimson Ave

City Providence State RI Zip Code 02906-3207

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

Name of Employer Nabsys Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828885

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

2600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Barrett W. Bready

Mailing Address 24 Stimson Ave

City Providence State RI Zip Code 02906-3207

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

Name of Employer Nabsys Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8900742

Amount of Each Receipt this Period
1100.00

B. Full Name (Last, First, Middle Initial)
Richard L. Bready

Mailing Address 53 Stimson Ave

City Providence State RI Zip Code 02906-3219

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828006

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Richard L. Bready

Mailing Address 53 Stimson Ave

City Providence State RI Zip Code 02906-3219

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828007

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

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

6300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Lindsey Brickle		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 302 COlumbus Ave Apt 2B		Transaction ID : C8730022
City New York	State NY	
Zip Code 10023		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2750.00
Name of Employer none	Occupation not employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00	

Full Name (Last, First, Middle Initial) B. Lindsey Brickle		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 302 COlumbus Ave Apt 2B		Transaction ID : C8730025
City New York	State NY	
Zip Code 10023		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2750.00
Name of Employer none	Occupation not employed	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2750.00	

Full Name (Last, First, Middle Initial) C. Kenneth Britt		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 245 N Highland Ave., N.E. #324		Transaction ID : C8830363
City Atlant	State GA	
Zip Code 30307-1958		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Eli Broad

Mailing Address **The Broad Foundations**
10900 Wilshire Blvd, 12th Floor

City **Los Angeles** State **CA** Zip Code **90024-6548**

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

Name of Employer **The Broad Foundations** Occupation **President & Founder**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : C8655350

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William Brody

Mailing Address **35 Terminal Road**

City **Providence** State **RI** Zip Code **02905**

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

Name of Employer **ProvPort, Inc.** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828847

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Philippe Brugere-Trelat

Mailing Address **845 United Nations Plz**
Apt 63A

City **New York** State **NY** Zip Code **10017-3538**

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

Name of Employer **Franklin Mutual Advisers LLC** Occupation **Portfolio Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830521

Amount of Each Receipt this Period
2600.00

* In-Kind: Advertisement

SUBTOTAL of Receipts This Page (optional).....

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

3850.00

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

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

FOR LINE NUMBER: PAGE 15 OF 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jimmy Burchfield Jr
 Mailing Address 36 Forest View Drive
 City State Zip Code
 N. Providence RI 02904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 D'Amico.Burchfield, LLP Attorney
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 31 2014
Transaction ID : C8828452
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Tonio Burgos
 Mailing Address 115 Broadway
 Tonio Burgos & Associates
 City State Zip Code
 New York NY 10006-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tonio Burgos & Associates President
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 13 2014
Transaction ID : C8655351
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
George Burman
 Mailing Address 66 Highland Road
 City State Zip Code
 Bristol RI 02809-1428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 George S. Burman , Architect Architect
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 31 2014
Transaction ID : C8828844
 Amount of Each Receipt this Period
 250.00

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. J Scott Burns		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 72 Fogland Rd		Transaction ID : C8827989
City Tiverton	State RI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer Brown Rudnick	Occupation lawyer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Donna W. Cameron		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 236 Morris Ave 2nd		Transaction ID : C8822939
City Providence	State RI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Donna Cameron	Occupation Private Investigator	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. James Capalino		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 1255 Fifth Avenue New York		Transaction ID : C8706809
City New York	State NY	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Capalino+Company	Occupation NYC government relations advocate	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

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

FOR LINE NUMBER: PAGE 17 OF 126
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Adele Carlson

Mailing Address 81 Cove Ave

City Barrington State RI Zip Code 02806-2705

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : C8752512

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Charles Carpenter

Mailing Address 12 half mile rd

City Barrington State RI Zip Code 02806-4104

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

Name of Employer Information Requested Occupation Information Requested
 university medical foundation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
644.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : C8722960

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
John S. Carter

Mailing Address 137 Grotto Ave

City Providence State RI Zip Code 02906-5720

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

Name of Employer Information Requested Occupation Information Requested
 None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8833914

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Gennaro F. Cerce

Mailing Address 1425 Cranston Street

City Cranston State RI Zip Code 02920-6739

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

Name of Employer Cerce Capital Occupation Self employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828448

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
arnold chace

Mailing Address 46 aborn st

City providence State RI Zip Code 02903

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

Name of Employer cornish associates Occupation real estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830291

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Elizabeth Z. Chace

Mailing Address 101 North Main Street

City Providence State RI Zip Code 02903-3209

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828116

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Johnnie Chace		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 46 Aborn Street		Transaction ID : C8723260
City Providence	State RI	Zip Code 02903
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation Student	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Richard R Charest		Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address Landmark Medical Center 115 Cass Ave., P.O Box L		Transaction ID : C8642768
City Woonsocket	State RI	Zip Code 02895-4705
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Landmark Medical Center	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Gerald C. Chertavian		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 95 Irving St		Transaction ID : C8729888
City Cambridge	State MA	Zip Code 02138-2025
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Year Up	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Rockefeller Clayton

Mailing Address 532 Kinsley Ave., Unit 501

City Providence State RI Zip Code 02909

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828698

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Meg Clurman

Mailing Address 69 Weymouth St

City Providence State RI Zip Code 02906

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

Name of Employer Smiley For Mayor Occupation Finance Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : C8747301

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Neil A. Corkery

Mailing Address 127 Oceanwoods Dr, Apt 2

City North Kingstown State RI Zip Code 02852-7119

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : C8722959

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
jon paul couture

Mailing Address 12 arnold street

City State Zip Code
providence RI 02906

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

Name of Employer self Occupation Architect/designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : C8830295

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William E Cramer

Mailing Address 1441 Rhode Island Ave, NW #319

City State Zip Code
Washington DC 20005-5464

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

Name of Employer IBTTA Occupation Communications

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : C8827831

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert D'Amico II

Mailing Address 536 Atwells Avenue

City State Zip Code
Providence RI 02909

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

Name of Employer D'Amico Burchfield, LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : C8828753

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Denise Dangremond

Mailing Address 47 Nayatt Road

City State Zip Code
Barrington RI 02806-3317

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

Name of Employer self Occupation career consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830377

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Richard Davis

Mailing Address 2855 San Juan Blvd.

City State Zip Code
Belmont CA 94002

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

Name of Employer BNY Mellon Wealth Management Occupation Wealth Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : C8822137

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Amato DeLuca

Mailing Address 199 north Main Street

City State Zip Code
Providence RI 02903

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

Name of Employer DeLuca & Weizenbaum Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : C8752528

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Dawn M. Dillon

Mailing Address 59 Sowams Rd

City: Barrington State: RI Zip Code: 02806-4602

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : C8832238

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Robert A. Dillon Jr.

Mailing Address 59 Sowams Rd

City: Barrington State: RI Zip Code: 02806-4602

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

Name of Employer: Eagle Creek Software Services Occupation: Vice President and Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : C8830516

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
T. Paul Dimeo

Mailing Address 475 Kilvert St

City: Warwick State: RI Zip Code: 02886-1379

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

Name of Employer: Dimeo Properties, Inc Occupation: Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 24 / 2014

Transaction ID : C8747321

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
William C. Dimitri Esq.

Mailing Address 27 Rollingwood Dr

City Johnston State RI Zip Code 02919-1636

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

Name of Employer Dimitri Law Offices Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830517

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mitchell Draizin

Mailing Address Longview Capital Advisors
570 Lexington Ave, Fl 34

City New York State NY Zip Code 10022-6868

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

Name of Employer Longview Capital Advisors, Inc. Occupation Finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830520

Amount of Each Receipt this Period
600.00

* In-Kind: Advertisement

C. Full Name (Last, First, Middle Initial)
Barbara J. Dreyer

Mailing Address 254 Wayland Ave
Apt 4

City Providence State RI Zip Code 02906-4554

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

Name of Employer Capital Properties, Incorporated Occupation Chief Financial Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : C8680530

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Ross Eadie

Mailing Address 658 Hope Street

City Providence State RI Zip Code 02906-2658

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

Name of Employer self Occupation visual artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : C8747361

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Betty E. Easton

Mailing Address 53 Stimson Ave

City Providence State RI Zip Code 02906-3219

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828031

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Renee A.R. Evangelista Esq.

Mailing Address 33 Lennon Rd

City Lincoln State RI Zip Code 02865-4918

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

Name of Employer Edwards & Angell Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 13 / 2014

Transaction ID : C8655349

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Malcolm Farmer III

Mailing Address 190 Upton Avenue

City Providence State RI Zip Code 02906-5748

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

Name of Employer Occupation
Hinckley,Allen & Snyder LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 03 / 2014

Transaction ID : C8704025

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Malcolm Farmer III

Mailing Address 190 Upton Avenue

City Providence State RI Zip Code 02906-5748

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

Name of Employer Occupation
Hinckley,Allen & Snyder LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : C8712186

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
H.Jack Jack Feibelman

Mailing Address 11 Baldwin Orchard Drive

City Cranston State RI Zip Code 02920

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

Name of Employer Occupation
Afco, Inc. Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2050.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : C8821313

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Gail Fogarty

Mailing Address 488 Lloyd Avenue

City Providence State RI Zip Code 02906-4550

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

Name of Employer Retired from State Courts Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828755

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Gail Fogarty

Mailing Address 488 Lloyd Avenue

City Providence State RI Zip Code 02906-4550

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

Name of Employer Retired from State Courts Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828772

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Robert Fortin

Mailing Address 6811 Altamor Dr

City Los Angeles State CA Zip Code 90045

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : C8705044

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) Helena Foulkes		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014
Mailing Address 120 Brown Street		Transaction ID : C8827710
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CVS/pharmacy	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Charles S. Fradin		Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 27 Dryden Ln		Transaction ID : C8642769
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rhode Island Distributing	Occupation Liquor Distributor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) BUD FRANK		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 13877 LE HAVRE DRIVE		Transaction ID : C8834245
City PALM BEACH GARDENS	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer retired	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Shant Garabedian

Mailing Address 118 Barrett Pl

City Jackson State TN Zip Code 38305

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

Name of Employer Emcare Occupation Emergency Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2014

Transaction ID : C8712237

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
PAUL GAYNOR

Mailing Address 89 SPRINGDALE AVENUE

City DOVER State MA Zip Code 02030

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

Name of Employer FIRST WIND Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : C8727477

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Wallace B. Gernt Jr.

Mailing Address 14 Wingate Rd

City Providence State RI Zip Code 02906-4910

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

Name of Employer The Bradford Group Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 21 / 2014

Transaction ID : C8663173

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Wallace B. Gernt Jr.

Mailing Address 14 Wingate Rd

City Providence State RI Zip Code 02906-4910

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

Name of Employer The Bradford Group Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8894980

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
Nancy A. Gilbane

Mailing Address 140 Adams Point Rd

City Barrington State RI Zip Code 02806-5045

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

Name of Employer None Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : C8752178

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
William J. Gilbane Jr.

Mailing Address 140 Adams Point Rd

City Barrington State RI Zip Code 02806-5045

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

Name of Employer Gilbane Building Company Occupation Builder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 03 / 2014

Transaction ID : C8752177

Amount of Each Receipt this Period
 _____ 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

_____ 2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
neil giuliano

Mailing Address 2007 east balboa drive

City State Zip Code
tempe AZ 85282-4004

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

Name of Employer Occupation
San Francisco AIDS Foundation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8832242

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jack Gobis

Mailing Address 54 Prospect Hill Street

City State Zip Code
Newport RI 02840

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

Name of Employer Occupation
Self Employed Principal Management Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830123

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BARBARA J. GOLDSMITH

Mailing Address 6 DEEP MEADOW ROAD

City State Zip Code
BARRINGTON RI 02806-2740

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828664

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
jill goldstein

Mailing Address 140 blackstone blvd

City State Zip Code
providence RI 02906

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

Name of Employer Occupation
none mom

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : C8822649

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Larry Goldstein

Mailing Address 244 Gano Street

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Goldstein Associates, LLC Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : C8821499

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Richard S. Gordon

Mailing Address 277 Park Ave
FI 20

City State Zip Code
New York NY 10172-3003

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

Name of Employer Occupation
McKenna, Long & Aldridge LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : C8722962

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Martin Granoff

Mailing Address 6799 Collins Ave
Apt SCPH02

City Miami State FL Zip Code 33141-5762

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

Name of Employer Cannon County Knitting Mills Inc. Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : C8822941

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Carol J. Grant

Mailing Address 53 Brenton Avenue

City Providence State RI Zip Code 02906-2414

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

Name of Employer First Wind Occupation Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8835050

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
bruce green

Mailing Address 30 fifth ave 3f

City new york State NY Zip Code 10011

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830381

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Lumina Greenway

Mailing Address 17 Camden Court

City Wakefield State RI Zip Code 02879

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
542.86

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : C8678390

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Lumina Greenway

Mailing Address 17 Camden Court

City Wakefield State RI Zip Code 02879

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
542.86

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : C8702495

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Lumina Greenway

Mailing Address 17 Camden Court

City Wakefield State RI Zip Code 02879

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
542.86

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : C8821300

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

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

300.00

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

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

FOR LINE NUMBER: PAGE 35 OF 126
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Lumina Greenway

Mailing Address 17 Camden Court

City Wakefield State RI Zip Code 02879

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 542.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828804

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
Jonathan Groff

Mailing Address 2225 N. New Hampshire Ave

City Los Angeles State CA Zip Code 90027

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

Name of Employer Walt Disney Co. / ABC Studios Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : C8704374

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
Antonia M. Grumbach

Mailing Address 320 Central Park W Apt 22B

City New York State NY Zip Code 10025

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C8730007

Amount of Each Receipt this Period
 _____ 500.00

SUBTOTAL of Receipts This Page (optional).....

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

_____ 1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
George J. Grumbach Jr.

Mailing Address 320 Central Park W

City State Zip Code
New York NY 10025-7659

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

Name of Employer Occupation
N/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : C8730008

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jefferson Guimond

Mailing Address 4 Stanhope Drive

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Patrick Lynch Group Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8834514

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Scott D. Gunn

Mailing Address 130 Prospect St

City State Zip Code
Providence RI 02906-1445

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

Name of Employer Occupation
Gtech Senior VP - Global Government Relation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828004

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Marc B. Gursky Esq.

Mailing Address 240 Indian Trl

City: Saunderstown State: RI Zip Code: 02874-2482

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

Name of Employer: Gursky Law Associates Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 03 / 12 / 2014

Transaction ID : C8712187

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Martha Hackett

Mailing Address 2742 Glendower Road

City: Los Angeles State: CA Zip Code: 90027-1123

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

Name of Employer: self Occupation: actor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 24 / 2014

Transaction ID : C8700408

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Paul Haigney

Mailing Address 4 Embarcadero Center STE 650

City: San Francisco State: CA Zip Code: 94105

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

Name of Employer: Lazard Freres Occupation: Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : C8828739

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Edward Harvey

Mailing Address 527 College Avenue

City Haverford State PA Zip Code 19041

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : C8678419

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Edward Harvey

Mailing Address 527 College Avenue

City Haverford State PA Zip Code 19041

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : C8702497

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Edward Harvey

Mailing Address 527 College Avenue

City Haverford State PA Zip Code 19041

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : C8821301

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

750.00

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

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

FOR LINE NUMBER: PAGE 39 OF 126
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Carlos Hatch

Mailing Address 10 Exchange Court
#615

City Pawtucket State RI Zip Code 02860

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

Name of Employer **Fiesta** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2014

Transaction ID : C8680492

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Carlos Hatch

Mailing Address 10 Exchange Court
#615

City Pawtucket State RI Zip Code 02860

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

Name of Employer **Fiesta** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : C8704494

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Brian W. Heller

Mailing Address 200 Olney St

City Providence State RI Zip Code 02906-1657

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

Name of Employer **Self** Occupation **Director of Photography**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827906

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Nannette Herrick

Mailing Address 31 Bowery St

City State Zip Code
Newport RI 02840-3520

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

Name of Employer Occupation
n/a retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : C8822843

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Horner

Mailing Address 46 Ladyslipper Lane

City State Zip Code
Florence MA 01062-9735

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : C8900743

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
John Horner

Mailing Address 46 Ladyslipper Lane

City State Zip Code
Florence MA 01062-9735

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : C8723548

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Doug Jensen

Mailing Address 144 W 18th St
#5N

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
Est?e Lauder Companies Marketing Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2014

Transaction ID : C8706865

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Diana L. Johnson

Mailing Address 102 Williams Street

City State Zip Code
Providence RI 02906-1031

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

Name of Employer Occupation
Self-employed art consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : C8730003

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Diana L. Johnson

Mailing Address 102 Williams Street

City State Zip Code
Providence RI 02906-1031

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

Name of Employer Occupation
Self-employed art consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830347

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Scot Jones

Mailing Address 275 Forge Road

City State Zip Code
N. Kingstown RI 02852-1009

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

Name of Employer Occupation
Groov-pin Corp CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828578

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ellen F. Kasle

Mailing Address 26 Irving Ave

City State Zip Code
Providence RI 02906-4109

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

Name of Employer Occupation
Residential Properties Ltd. Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8827891

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dennis D. Keefe Esq.

Mailing Address 35 Warthin Circle

City State Zip Code
Norwood MA 02062-5667

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

Name of Employer Occupation
Care New England President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : C8712392

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

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

FOR LINE NUMBER: PAGE 43 OF 126
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Stuart Kreisler

Mailing Address Po box 2007

City State Zip Code
EH NY 11937

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

Name of Employer Occupation
Selt Business

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828846

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Linda J. Kushner

Mailing Address 560 Lloyd ave.

City State Zip Code
Providence RI 02906-5427

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

Name of Employer Occupation
N/A N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830284

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Benjamin P Lap

Mailing Address 320 N Gordon Rd

City State Zip Code
Fort Lauderdale FL 33301-3775

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

Name of Employer Occupation
BioSentinel Pharmeceuticals CEO & President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : C8752172

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) Brooke Lee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 271 Angell St		Transaction ID : C8827903
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Eugene Lee, Inc.	Occupation Set Designer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Eugene Lee		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 271 Angell St		Transaction ID : C8827900
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Eugene Lee, Inc.	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Andrew Lefebvre		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 302 Pearl St Unit 310		Transaction ID : C8723021
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lefebvre Insurance Agency, Inc.	Occupation Insurance Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Richard H. Lefebvre

Mailing Address 2940 NW 10th Ave

City State Zip Code
Wilton Manors FL 33311-2204

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

Name of Employer self Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 2014

Transaction ID : C8655344

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
David Lewis

Mailing Address 165 Blackstone Blvd

City State Zip Code
Providence RI 02906-5701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8827896

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Raymond Lin

Mailing Address 106 E 85th Street Apt 8N

City State Zip Code
New York NY 10028-0982

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

Name of Employer Latham & Watkins LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : C8730010

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Raymond Lin

Mailing Address 106 E 85th Street Apt 8N

City State Zip Code
New York NY 10028-0982

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

Name of Employer Occupation
Latham & Watkins LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : C8730009

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Peter Lipman

Mailing Address 50 Stimson Ave.

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
RDC/POSitouch Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : C8712582

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ellen Locato

Mailing Address 125 Providence St

City State Zip Code
West Warwick RI 02893-2500

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

Name of Employer Occupation
Just Ellen's Inc. Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2014

Transaction ID : C8663175

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 50 Broad St
Ste 1137

City State Zip Code
New York NY 10004-2378

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

Name of Employer Occupation
Retired Ambassador

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828003

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David A. Logan

Mailing Address 5 cutter lane

City State Zip Code
Tiverton RI 02878-4263

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

Name of Employer Occupation
Roger Williams Univ Dean

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : C8752368

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michael Lorber

Mailing Address 712 Fifth Avenue
52nd Floor

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Douglas Elliman Real Estate Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8839322

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Lisa Lucheta

Mailing Address 9 Gonsalves Court

City Alameda State CA Zip Code 94502

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

Name of Employer R. Torre & Co. Inc. Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830473

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cathy Lund

Mailing Address 225 Adelaide Ave

City Providence State RI Zip Code 02907

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

Name of Employer City Kitty Veterinary Care for Cats Occupation veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : C8821216

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Patrick C. Lynch

Mailing Address 11 Briarfield Rd

City Barrington State RI Zip Code 02806-5042

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

Name of Employer Patrick Lynch Group Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : C8821916

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ira magaziner

Mailing Address 184 poppasquash road

City State Zip Code
bristol RI 02809

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

Name of Employer Occupation
clinton health access initiative CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : C8723573

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Mark Male

Mailing Address 200 Exchange Street Unit 1317

City State Zip Code
Providence RI 02903

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

Name of Employer Occupation
RI Association of Ins Agents, Inc. Association Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2014

Transaction ID : C8822975

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Matthew Mallow

Mailing Address 1 West 72nd Street

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
BlackRock, Inc. General Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2014

Transaction ID : C8704305

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Judith S. Mann

Mailing Address 50 Channing Ave

City Providence State RI Zip Code 02906-3219

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

Name of Employer Capital Design Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827887

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GARY D. MARINOSCI

Mailing Address 55 LONG MEADOW DRIVE

City EAST GREENWICH State RI Zip Code 02818-1390

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

Name of Employer LIBERTY TITLE & ESCROW COMPANY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8831354

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ann E. Masterson

Mailing Address 9 Huron Ave.

City Narragansett State RI Zip Code 02882-2005

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

Name of Employer retired Occupation Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : C8678841

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Anthony Meyer

Mailing Address 644 Broadway #8W

City State Zip Code
New York NY 10012

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

Name of Employer Occupation
Ocean Road Advisors, Inc. Investments

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Transaction ID : C8707589

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles Middleton

Mailing Address 1354 S. Federal Street

City State Zip Code
Chicago IL 60605-2715

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

Name of Employer Occupation
Roosevelt University University administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8900741

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Charles Middleton

Mailing Address 1354 S. Federal Street

City State Zip Code
Chicago IL 60605-2715

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

Name of Employer Occupation
Roosevelt University University administration

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830335

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Craig R. Miller		Date of Receipt MM / DD / YYYY 02 / 24 / 2014
Mailing Address 2805 3rd St Apt 5		Transaction ID : C8705045
City Santa Monica	State CA	
Zip Code 90405-4168		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer MZA Events
Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00

Full Name (Last, First, Middle Initial) B. Diane Mitrelis		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 120 Church Hill Dr		Transaction ID : C8712188
City Cranston	State RI	
Zip Code 02920-3936		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer Andreas Restaurant
Occupation Owner / Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1450.00

Full Name (Last, First, Middle Initial) C. thadeus mocsarski		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 127 pratt street		Transaction ID : C8828875
City providence	State RI	
Zip Code 02906		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer Novacap
Occupation Investor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Kenneth T. Monteiro

Mailing Address 230 East 12th Street

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Ford Foundation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : C8705666

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald Mueller

Mailing Address 1916 16th Street NW

City State Zip Code
Washington DC 20009-3308

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

Name of Employer Occupation
Gibson, Dunn & Crutcher LLP lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830285

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Mildred T. Nichols

Mailing Address 56 Fosdyke St
Jobs

City State Zip Code
Providence RI 02906-3505

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

Name of Employer Occupation
Mrs. N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2014

Transaction ID : C8822980

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) Deborah Norman		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2014
Mailing Address 292 Morris Ave		Transaction ID : C8678493
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rue De L'Espoir Restaurant	Occupation Restaurant Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Deborah Norman		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2014
Mailing Address 292 Morris Ave		Transaction ID : C8702496
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rue De L'Espoir Restaurant	Occupation Restaurant Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) Deborah Norman		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 292 Morris Ave		Transaction ID : C8828051
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Rue De L'Espoir Restaurant	Occupation Restaurant Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Kenneth Orenstein

Mailing Address 330 Lloyd Ave.

City Providence State RI Zip Code 02906-4212

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

Name of Employer Orenstein Real Estate Service Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C8827894

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Douglas Palmer

Mailing Address 525 River Road

City Yardley State PA Zip Code 19067

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

Name of Employer DHH & Associates LLC Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C8833618

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Douglas Palmer

Mailing Address 1970 Brunswick ave suite100

City Lawrenceville State NJ Zip Code 08648

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

Name of Employer DHP & Associates Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830294

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Anthony T. Panichas

Mailing Address 32 Jacqueline Dr

City Providence State RI Zip Code 02909-6011

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

Name of Employer Neutaconkanut Hill Conservancy Inc Occupation director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 17 / 2014

Transaction ID : C8722963

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
jaymin patel

Mailing Address 1990 Grotto Avenue

City providence State RI Zip Code 02906

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

Name of Employer GTECH Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828530

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John Pence

Mailing Address 750 Post St

City San Francisco State CA Zip Code 94109-6106

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

Name of Employer John Pence Gallery Occupation Artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : C8747322

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AARON S. PIKE

Mailing Address **3 WORCESTER SQ
APT 3**

City **BOSTON** State **MA** Zip Code **02118-2900**

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

Name of Employer **Fresenius Medical Care** Occupation **Marketing**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830151

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard D. Plotz M.D.

Mailing Address **104 11th St**

City **Providence** State **RI** Zip Code **02906-2912**

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

Name of Employer **Harvard Vanguard Medical Associates** Occupation **Pathologist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : C8707065

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GLENN PRESCOD

Mailing Address **333 SCHOOL STREET
SUITE 301**

City **PAWTUCKET** State **RI** Zip Code **02860**

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

Name of Employer **GLENN S. PRESCOD, M.D., M.P.H., INC** Occupation **OPHTHALMOLOGIST**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828557

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
richard purinton

Mailing Address 54 andover st

City andover State MA Zip Code 01810-4802

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828130

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Hariett A. Quinn

Mailing Address 1 Regency Plz Apt 505

City Providence State RI Zip Code 02903-3131

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

Name of Employer State of Rhode Island Superior Court Occupation Clerk

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8832239

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Hariett A. Quinn

Mailing Address 1 Regency Plz Apt 505

City Providence State RI Zip Code 02903-3131

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

Name of Employer State of Rhode Island Superior Court Occupation Clerk

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8832240

Amount of Each Receipt this Period
4800.00

SUBTOTAL of Receipts This Page (optional).....

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

5250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : C8832240

Excessive contribution has been refunded as of 4/2/14 and will be reflected on the next report.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Robert Raben

Mailing Address 213 E Street NE

City Washington State DC Zip Code 20002-4922

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

Name of Employer The Raben Group Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828124

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
BRETT W. F. RANDOLPH

Mailing Address 950 MASSACHUSETTS AVE APT 104

City CAMBRIDGE State MA Zip Code 02139-3196

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

Name of Employer RANDOLPH ASSOCIATES, INC. Occupation STAFFING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : C8712201

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRETT W. F. RANDOLPH

Mailing Address 950 MASSACHUSETTS AVE APT 104

City CAMBRIDGE State MA Zip Code 02139-3196

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

Name of Employer RANDOLPH ASSOCIATES, INC. Occupation STAFFING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 18 / 2014

Transaction ID : C8723605

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
eric reinitz

Mailing Address 34 north 7th street
Apt. PH2C

City brooklyn State NY Zip Code 11249

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

Name of Employer Sandy Alexander Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : C8705335

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Sean Richardson

Mailing Address 3023 18th St. South

City Arlington State VA Zip Code 22204-5215

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

Name of Employer Peck Madigan Jones Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830352

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SUSAN RICHARDSON

Mailing Address 3952 POST RD

City WARWICK State RI Zip Code 02886-9235

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

Name of Employer KENNETH L RICHARDSON JR CPA, INC Occupation BOOKKEEPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : C8822129

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Marcia S. Riesman

Mailing Address 355 Blackstone Blvd
Apt 427

City Providence State RI Zip Code 02906-4952

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 01 / 2014

Transaction ID : C8642771

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Arthur S. Robbins

Mailing Address 50 Park Row W
Apt 803

City Providence State RI Zip Code 02903-1150

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

Name of Employer Robbins Properties Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830518

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN M. RONEY Esq.

Mailing Address 344 WICKENDEN ST

City PROVIDENCE State RI Zip Code 02903-4469

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8830415

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Anthony Rosciti Sr.		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 19120		Transaction ID : C8833912
City Johnston	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rosciti Construction	Occupation Construction	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Barry S Rosenstein		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 237168		Transaction ID : C8828114
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Jana Partners LLC	Occupation Founder and Managing Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5500.00	

Full Name (Last, First, Middle Initial) C. Lizanne Rosenstein		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 08 / 2014
Mailing Address PO Box 237168		Transaction ID : C8655348
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self-employed	Occupation Philanthropist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : C8828114

Please note - \$300 refunded on next report

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Lizanne Rosenstein

Mailing Address **PO Box 237168**

City **New York** State **NY** Zip Code **10023-0031**

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

Name of Employer **Self-employed** Occupation **Philanthropist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 08 / 2014

Transaction ID : C8655347

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Thomas Ryan

Mailing Address **PO Box 74**

City **Manville** State **RI** Zip Code **02838**

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

Name of Employer **Retired** Occupation **Former President and CEO CVS Caremark**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 02 / 2014

Transaction ID : C8642814

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Hillary Salmons

Mailing Address **38 Keene St**

City **Providence** State **RI** Zip Code **02906-1521**

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

Name of Employer **Providence After School Alliance** Occupation **Executive Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8827888

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Victor Shargai

Mailing Address 4200 Massachusetts Av NW
PH 11

City Washington State DC Zip Code 20016-4744

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8833839

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Peggy Boyd Sharpe

Mailing Address 30 Pojac Point Road

City N. Kingstown State RI Zip Code 02852-1031

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

Name of Employer NA Occupation NA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8828819

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert C. Shmalo Esq.

Mailing Address 375 South End Avenue, Apt. 18T

City New York State NY Zip Code 10280-1025

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

Name of Employer Weil, Gotshal & Manges LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2014

Transaction ID : C8704070

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Daniel G. Siegel

Mailing Address 20 Humboldt Ave

City Providence State RI Zip Code 02906-4107

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

Name of Employer M&S Rare Books, Incorporated Occupation Bookseller

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8827905

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Gary S. Siperstein

Mailing Address 130 Joseph Ct

City Warwick State RI Zip Code 02886-9564

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

Name of Employer Eliot Rose Asset Management Occupation Investment Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 01 / 2014

Transaction ID : C8642770

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Barry R. Sloane

Mailing Address 45 Stonecrest Drive

City Needham State MA Zip Code 02492-2785

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

Name of Employer Century Bank Occupation banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830480

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jeffrey B. Soref

Mailing Address 7 Gramercy Park West

City State Zip Code
New York NY 10003-1759

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

Name of Employer Occupation
Self Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : C8830489

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jonathan Spencer

Mailing Address 1021 N Garfield St Apt 410

City State Zip Code
Arlington VA 22201-2548

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

Name of Employer Occupation
Verisign, Inc. Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : C8748254

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
William Spencer

Mailing Address

City State Zip Code

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : C8752173

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Mary Beth Stanton

Mailing Address 1203 New Jersey Ave NW

City Washington State DC Zip Code 20001-1225

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

Name of Employer Heather Podesta + Partners Occupation Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828612

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Mary Beth Stanton

Mailing Address 1203 New Jersey Ave NW

City Washington State DC Zip Code 20001-1225

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

Name of Employer Heather Podesta + Partners Occupation Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8900744

Amount of Each Receipt this Period
1400.00

C. Full Name (Last, First, Middle Initial)
john struck

Mailing Address 177 Ocean Lane Drive apt 708

City Key Biscayne State FL Zip Code 33149

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

Name of Employer Wand Partners Occupation finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : C8747308

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Donald R. Sweitzer

Mailing Address 250 Major Potter Rd

City: Warwick State: RI Zip Code: 02886-9547

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

Name of Employer: GTECH Occupation: Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 01 / 01 / 2014

Transaction ID : C8642772

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 250 Major Potter Rd

City: Warwick State: RI Zip Code: 02886-9547

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

Name of Employer: GTECH Occupation: Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : C8827889

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
David Taylor

Mailing Address 8 King Phillip Rd

City: Lincoln State: RI Zip Code: 02865

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

Name of Employer: Self Employed Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 11 / 2014

Transaction ID : C8707315

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Andrew Tobias

Mailing Address 146 Central Park W

City State Zip Code
New York NY 10023-2005

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

Name of Employer self Occupation writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : C8822886

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen Tolkin

Mailing Address 1924 N. Wilton Place

City State Zip Code
Los Angeles CA 90068-3627

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

Name of Employer Lionsgate Television Occupation writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : C8729950

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
alison K Townsend

Mailing Address 63 Alfred Drown Road

City State Zip Code
Barrington RI 02806-1854

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

Name of Employer N/A Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : C8747320

Amount of Each Receipt this Period
 2600.00

SUBTOTAL of Receipts This Page (optional).....

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

3850.00

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

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

FOR LINE NUMBER: PAGE 72 OF 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jorge Valencia

Mailing Address 6869 Alta Loma Terrace

City Los Angeles State CA Zip Code 90068

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

Name of Employer Point Foundation Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : C8704372

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lawrence Vallon

Mailing Address 716 Via De La Paz

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : C8705046

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William M. Vareika

Mailing Address 212 Bellevue Avenue

City Newport State RI Zip Code 02840-3515

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

Name of Employer William Vareika Fine Arts Ltd Occupation Art dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : C8822972

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Christopher P. Vitale

Mailing Address 10 Acacia Road

City Bristol State RI Zip Code 02809-1367

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

Name of Employer Capitol City Group Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828541

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Beverly Walters

Mailing Address 48 N. Court St

City Providence State RI Zip Code 02903

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

Name of Employer Self-Employed Occupation Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828617

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Merrill Weingrod

Mailing Address 165 Brown St

City Providence State RI Zip Code 02906-1539

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

Name of Employer Westport Trading Inc. Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827895

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 126	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Roger J. Welch

Mailing Address **PO Box 1179**

City **Westford** State **MA** Zip Code **01886-0979**

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

Name of Employer **Northern Bus Sales, Inc.** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	4

Transaction ID : C8730023

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Sharon Wilkes J.D.

Mailing Address **7504 Vale St**

City **Chevy Chase** State **MD** Zip Code **20815**

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

Name of Employer **American Jewish International Relation** Occupation **Executive Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

Transaction ID : C8827832

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Gilbane William

Mailing Address **200 Chamber Street**

City **New York** State **NY** Zip Code **10005**

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

Name of Employer **Gilbane** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : C8723200

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Nancy Wilson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address Greenvale 582 wapping road		Transaction ID : C8830237
City Portsmouth	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenvale vineyards	Occupation Vintner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Darrin Wilstead		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1545 N. Las Palmas Ave. #30		Transaction ID : C8704380
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Point Foundation	Occupation Director of Development	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. James R. Winoker		Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 1180 Narragansett Blvd		Transaction ID : C8642767
City Providence	State RI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Belvoir Properties, Incorporated	Occupation CEO - Real Estate Development	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Myrth York

Mailing Address 44 Hazard Ave

City Providence State RI Zip Code 02906-3308

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827892

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Myrth York

Mailing Address 44 Hazard Ave

City Providence State RI Zip Code 02906-3308

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827893

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Myrth York

Mailing Address 44 Hazard Ave

City Providence State RI Zip Code 02906-3308

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8900753

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Asifa Zuberi		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address		Transaction ID : C8643343
City South El Monte	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer n/a	Occupation homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Asifa Zuberi		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 10166 Rush Street		Transaction ID : C8730141
City El Monte	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer New York State Health Department	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. Asifa Zuberi		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 10166 Rush Street		Transaction ID : C8900745
City El Monte	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00
Name of Employer New York State Health Department	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Imaad Zuberi		Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 10166 Rush Street		Transaction ID : C8643291	
City El Monte	State CA	Zip Code 91733	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Avenue Ventures	Occupation Private Equity		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) B. D J Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 885 Third Avenue Suite 1000		Transaction ID : C8722966A	
City New York	State NY	Zip Code 10022	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Latham & Watkins LLP	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
* Earmarked Contribution: See Below			

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address PO Box 382110		Transaction ID : C8722966AB	
City Cambridge	State MA	Zip Code 02238-2110	
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation Conduit total listed in Agg. field		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1552.00		
[MEMO ITEM] Note: Above Contribution earmarked through this organization.			

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Peter M Collins

Mailing Address 50 Bayside Avenue

City Portsmouth State RI Zip Code 02871

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

Name of Employer A2B Tracking Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8833925A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1552.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8833925AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

50.00

152550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 777 6th St NW
Ste 200

City Washington State DC Zip Code 20001-3707

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : C8839136

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address PALLADIAN 1
220 LEIGH FARM RD

City DURHAM State NC Zip Code 27707

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : C8722964

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN NURSES ASSOCIATION PAC

Mailing Address 8515 Georgia Ave
Ste 400

City Silver Spring State MD Zip Code 20910-3492

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8828112

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

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

FOR LINE NUMBER: PAGE 81 OF 126
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : C8822940

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Council of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Ave NW Ste 750

City State Zip Code
Washington DC 20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : C8706908

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Council of Insurance Agents & Brokers PAC

Mailing Address 701 Pennsylvania Ave NW Ste 750

City State Zip Code
Washington DC 20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : C8706909

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

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

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

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

FOR LINE NUMBER: PAGE 82 OF 126
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Google NETPAC

Mailing Address 1101 New York Ave NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : C8705043

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENT

Mailing Address 1750 New York Ave NW
Ste 400

City Washington State DC Zip Code 20006-5315

FEC ID number of contributing federal political committee. **C C00027359**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2014

Transaction ID : C8822944

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
IUOE Local 57 (International Union of Operating En

Mailing Address 141 Gano St

City Providence State RI Zip Code 02906-3822

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : C8727467

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 126
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL A

Mailing Address 1550 Crystal Dr
Ste 300

City Arlington State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : C8730054

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MACHINISTS NON PARTISAN POL LEAGUE OF THE INT'L AS

Mailing Address 9000 Machinists Pl
9000 Machinists Place

City Upper Marlboro State MD Zip Code 20772-2675

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : C8759087

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ACTION COMMITTEE (NACPAC)

Mailing Address 3389 SHERIDAN ST.
#424

City HOLLYWOOD State FL Zip Code 33021

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2014

Transaction ID : C8752175

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
OCEANS PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00431601**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8833913

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
PLUMBERS AND PIPEFITTERS LOCAL UNION 51 POLITICAL ACTION COMMITTEE

Mailing Address 11 HEMINGWAY DRIVE

City EAST PROVIDENCE State RI Zip Code 02915

FEC ID number of contributing federal political committee. **C C00329326**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827907

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Blvd
Ste 1500

City Arlington State VA Zip Code 22209-3900

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : C8821937

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
RHODE ISLAND PAC

Mailing Address 236 Hope St

City Providence State RI Zip Code 02906

FEC ID number of contributing federal political committee. **C** C00307991

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8827932

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ted Deutch for Congress Committee

Mailing Address 1050 17th St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00469163

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C8730011

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ted Deutch for Congress Committee

Mailing Address 1050 17th St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00469163

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : C8730012

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
US Cuba Democracy PAC

Mailing Address 2020 Pennsylvania Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00387720**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C8663177

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD

Mailing Address 1300 I St NW
Ste 400 West

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : C8833910

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

36000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 39.50 Transaction ID : D448876
City Cambridge	State MA	
Zip Code 02138-5106	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	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 2.70 Transaction ID : D449502
City Cambridge	State MA	
Zip Code 02138-5106	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	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 19.19 Transaction ID : D450725
City Cambridge	State MA	
Zip Code 02138-5106	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	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	61.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 126			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Brown Faculty Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1 Magee St		Amount of Each Disbursement this Period 996.61 Transaction ID : D446041
City Providence	State RI	
Zip Code 02912-9014	Purpose of Disbursement Meals	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Philippe Brugere-Trelat		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 845 United Nations Plz Apt 63A		Amount of Each Disbursement this Period 2600.00 Transaction ID : D450501
City New York	State NY	
Zip Code 10017-3538	Purpose of Disbursement Advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	* In-Kind Received

Full Name (Last, First, Middle Initial) c. CFO Compliance		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address One Park Row, 5th Floor		Amount of Each Disbursement this Period 4504.60 Transaction ID : D446060
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Compliance Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	8101.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)
A. CFO Compliance

Mailing Address One Park Row, 5th Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 1501.38

Transaction ID : D446671

Full Name (Last, First, Middle Initial)
B. Democratic Congressional Campaign Cmte

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Printing (Fundraising)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2014

Amount of Each Disbursement this Period: 3289.46

Transaction ID : D446047

Full Name (Last, First, Middle Initial)
C. Democratic Congressional Campaign Cmte

Mailing Address 430 S Capitol St SE
FI 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Transfer

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 20000.00

Transaction ID : D446048

SUBTOTAL of Disbursements This Page (optional) 24790.84

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 126		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Digital Turf

Full Name (Last, First, Middle Initial)
Mailing Address 27 Clear Brook Xing

City Kennebunk State ME Zip Code 04043-6303

Purpose of Disbursement Web Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : D446044

B. Digital Turf

Full Name (Last, First, Middle Initial)
Mailing Address 27 Clear Brook Xing

City Kennebunk State ME Zip Code 04043-6303

Purpose of Disbursement Web Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : D446656

c. Dominican Ind. Heritage Award Comm. of RI

Full Name (Last, First, Middle Initial)
Mailing Address 230 Calla Street

City Providence State RI Zip Code 02905

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2014

Amount of Each Disbursement this Period: 600.00

Transaction ID : D446673

SUBTOTAL of Disbursements This Page (optional) 1850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Mr. Mitchell Draizin		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address Longview Capital Advisors 570 Lexington Ave, Fl 34		Amount of Each Disbursement this Period 600.00 Transaction ID : D450500
City New York	State NY	
Zip Code 10022-6868		* In-Kind Received
Purpose of Disbursement Advertisement	Category/Type	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 5.20 Transaction ID : D450491
City Atlanta	State GA	
Zip Code 30342		* In-Kind Received
Purpose of Disbursement Credit Card Processing Fee	Category/Type	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 16.90 Transaction ID : D450492
City Atlanta	State GA	
Zip Code 30342		* In-Kind Received
Purpose of Disbursement Credit Card Processing Fee	Category/Type	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	622.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1599.96 Transaction ID : D450493
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1718.12 Transaction ID : D450494
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1214.45 Transaction ID : D446665
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1569.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 429.15 Transaction ID : D446666
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 33.70 Transaction ID : D446667
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 566.59 Transaction ID : D446051
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1029.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 552.58
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	Transaction ID : D446052
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 64.12
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	Transaction ID : D446053
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 25.20
City Atlanta State GA Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	Transaction ID : D446054
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	641.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	Category/Type	Transaction ID : D446659
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	Category/Type	Transaction ID : D446046
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Expenses	Category/Type	Transaction ID : D450490
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	110.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)

A. ILSR

Mailing Address & Research 99 Bald Hill Rd

City Cranston State RI Zip Code 02920

Purpose of Disbursement Print Buys

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2014

Amount of Each Disbursement this Period: 100.00

Transaction ID : D446049

Full Name (Last, First, Middle Initial)

B. NGP VAN, Inc.

Mailing Address 1101 15th St, NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement Database

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 3450.00

Transaction ID : D451981

Full Name (Last, First, Middle Initial)

c. Paychex

Mailing Address 501 Wampanoag Trail

City Riverside State RI Zip Code 02915

Purpose of Disbursement Payroll Tax

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 49.00

Transaction ID : D450495

SUBTOTAL of Disbursements This Page (optional) 3599.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 49.00
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	Transaction ID : D446056
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 63.00
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	Transaction ID : D446057
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 131.50
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	Transaction ID : D446668
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	243.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. POLPress, Inc		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 5566 N. Northwest Hwy		Amount of Each Disbursement this Period 1037.64
City Chicago State IL Zip Code 60630	Purpose of Disbursement Printing (Fundraising)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D446672
State: District:		

Full Name (Last, First, Middle Initial) B. POLPress, Inc		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 5566 N. Northwest Hwy		Amount of Each Disbursement this Period 602.00
City Chicago State IL Zip Code 60630	Purpose of Disbursement Printing (Fundraising)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D446061
State: District:		

Full Name (Last, First, Middle Initial) c. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address P.O Box 6047		Amount of Each Disbursement this Period 268.00
City Providence State RI Zip Code 02940	Purpose of Disbursement Postage (Direct Mail)	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D446055
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1907.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Providence Newspaper Guild		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 270 Westminster St Ste 2		Amount of Each Disbursement this Period 400.00 Transaction ID : D446661
City Providence	State RI Zip Code 02903-3433	
Purpose of Disbursement Print Buys		Category/ Type
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. Providence Newspaper Guild		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 270 Westminster St Ste 2		Amount of Each Disbursement this Period 650.00 Transaction ID : D446662
City Providence	State RI Zip Code 02903-3433	
Purpose of Disbursement Print Buys		Category/ Type
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. RI Jobs with Justice		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 280 Broadway, Suite 201		Amount of Each Disbursement this Period 250.00 Transaction ID : D446062
City Providence	State RI Zip Code 02903	
Purpose of Disbursement Advertising		Category/ Type
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00 Transaction ID : D450497
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Rolla Group LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1132 6th Street, NW #2		Amount of Each Disbursement this Period 24008.89 Transaction ID : D446045
City Washington	State DC	
Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Rolla Group LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 1132 6th Street, NW #2		Amount of Each Disbursement this Period 8087.28 Transaction ID : D446657
City Washington	State DC	
Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	32396.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Sheahan Printing		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 1 Front St		Amount of Each Disbursement this Period 1043.25 Transaction ID : D446660
City Woonsocket	State RI	
Zip Code 02895-4308	Purpose of Disbursement Printing (Gen. Camp. Exp.)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Spirito's Restaurant & Catering		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 477 Broadway		Amount of Each Disbursement this Period 1203.66 Transaction ID : D446063
City Providence	State RI	
Zip Code 02909	Purpose of Disbursement Catering (Fundraising)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 3450.00 Transaction ID : D446042
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5696.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1101 15th St, NW Suite 500		Amount of Each Disbursement this Period 3450.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Database	
Candidate Name	Category/Type	Transaction ID : D446059 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 20152.12
City Weston State FL Zip Code 33331-3626	Purpose of Disbursement Credit Card	
Candidate Name	Category/Type	Transaction ID : D446043
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 180.00
City Washington State DC Zip Code 20002-4214	Purpose of Disbursement Travel	
Candidate Name	Category/Type	Transaction ID : D446713 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	20152.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. AT&T Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20024-3224	Purpose of Disbursement Phone Service	
Candidate Name	Category/Type	Transaction ID : D446702 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20024-3224	Purpose of Disbursement Phone Service	
Candidate Name	Category/Type	Transaction ID : D446710 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20024-3224	Purpose of Disbursement Telephones	
Candidate Name	Category/Type	Transaction ID : D446677 [MEMO ITEM]
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. AT&T Corporation			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 30 E St SW			Amount of Each Disbursement this Period 50.00
City Washington	State DC	Zip Code 20024-3224	
Purpose of Disbursement Cell Phone Service		Candidate Name	Transaction ID : D446761
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) B. Auto Zone			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 79 Elmwood Ave			Amount of Each Disbursement this Period 115.15
City Providence	State RI	Zip Code 02907	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : D446696
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) C. Best Western Mainstay Inn			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 151 Admiral Kalbfus Rd			Amount of Each Disbursement this Period 387.18
City Newport	State RI	Zip Code 02840	
Purpose of Disbursement Fundraiser Expenses - Catering		Candidate Name	Transaction ID : D446755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	[MEMO ITEM]
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Carmine's Restaurant		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 425 Seventh Street		Amount of Each Disbursement this Period 284.70
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Meals	Transaction ID : D446751
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Centro		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 1 West Exchange Street		Amount of Each Disbursement this Period 514.86
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Catering (Fundraising)	Transaction ID : D446693
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 10000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Fundraising Services	Transaction ID : D446752
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Dollar Rent A Car		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 700 Jefferson Blvd,		Amount of Each Disbursement this Period 327.45
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Rental Car	Transaction ID : D446684
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 47.00
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Shipping	Transaction ID : D446687
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 57.59
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Shipping	Transaction ID : D446688
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 57.59
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D446689
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FedEx		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 54.07
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D446690
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FedEx		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 28.55
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Candidate Name	Transaction ID : D446691
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FedEx		M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 41.09
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Category/Type	Transaction ID : D446692 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. FedEx		M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 62.85
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Category/Type	Transaction ID : D446743 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. FedEx		M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 50.50
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Category/Type	Transaction ID : D446762 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 83.50
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Shipping	Transaction ID : D446763
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Hyatt Hotels San Francisco Airport		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 1333 Bayshore Highway		Amount of Each Disbursement this Period 212.68
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Travel (Hotel)	Transaction ID : D446760
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Johnny's Half Shell		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address North Capitol Street NW		Amount of Each Disbursement this Period 200.00
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Fundraiser Expenses - Catering	Transaction ID : D446742
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Johnny's Half Shell			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address North Capitol Street NW			Amount of Each Disbursement this Period 823.00
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Fundraiser Expenses - Catering		Category/ Type	Transaction ID : D446754 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Pampano			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 209 E 49th St			Amount of Each Disbursement this Period 659.38
City New York	State NY	Zip Code 10017	
Purpose of Disbursement Food & Beverage (Fundraising)		Category/ Type	Transaction ID : D446738 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Rayburn Deli			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address US House of Representatives			Amount of Each Disbursement this Period 58.35
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Meals		Category/ Type	Transaction ID : D446740 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 69.18
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446741
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 100.00
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446685
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 111.04
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446695
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 54.32
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446706
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 5.23
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446707
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 51.99
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446708
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 200.00
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446709 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 48.71
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446678 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 89.11
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446680 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 75.00
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446682 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Shell Oil Providence		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 691 N Main St		Amount of Each Disbursement this Period 74.31
City Providence	State RI Zip Code 02904-5701	
Purpose of Disbursement Gas	Candidate Name	Transaction ID : D446683 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 551 N Main St		Amount of Each Disbursement this Period 832.42
City Providence	State RI Zip Code 02904-5722	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D446697 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2014

Amount of Each Disbursement this Period: 35.51

Transaction ID : D446698

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 551 N Main St

City Providence State RI Zip Code 02904-5722

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2014

Amount of Each Disbursement this Period: 142.04

Transaction ID : D446699

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

c. Tortilla Coast

Mailing Address 400 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2014

Amount of Each Disbursement this Period: 179.20

Transaction ID : D446704

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 201.41
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meals	Transaction ID : D446748
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 943.80
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel (Airfare)	Transaction ID : D446753
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 428.44
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel (Airfare)	Transaction ID : D446686
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 459.60
City State Zip Code Tempe AZ 85281-2880	Purpose of Disbursement Travel (Airfare)	
Candidate Name	Category/Type	Transaction ID : D446712 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 2452.37
City State Zip Code Weston FL 33331-3626	Purpose of Disbursement Credit Card	
Candidate Name	Category/Type	Transaction ID : D446655
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 30 E St SW		Amount of Each Disbursement this Period 50.00
City State Zip Code Washington DC 20024-3224	Purpose of Disbursement Phone Service	
Candidate Name	Category/Type	Transaction ID : D446772 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2452.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. AT&T Corporation			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 30 E St SW			Amount of Each Disbursement this Period 50.00
City Washington	State DC	Zip Code 20024-3224	
Purpose of Disbursement Phone Service		Category/ Type	Transaction ID : D446767 [MEMO ITEM]
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) B. Jacky's Waterplace			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 200 Exchange Street			Amount of Each Disbursement this Period 112.90
City Providence	State RI	Zip Code 02903	
Purpose of Disbursement Meals		Category/ Type	Transaction ID : D446774 [MEMO ITEM]
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

Full Name (Last, First, Middle Initial) c. JetBlue			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 118-29 Queens Boulevard			Amount of Each Disbursement this Period 239.00
City Forest Hills	State NY	Zip Code 11375	
Purpose of Disbursement Travel (Airfare)		Category/ Type	Transaction ID : D446764 [MEMO ITEM]
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Rayburn Deli		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address US House of Representatives		Amount of Each Disbursement this Period 43.40
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Meals	Transaction ID : D446776
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 299.00
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel (Airfare)	Transaction ID : D446770
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 378.00
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel (Airfare)	Transaction ID : D446771
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. USPS		M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period
City Providence State RI Zip Code 02909-3323		460.00
Purpose of Disbursement Postage		Transaction ID : D446768
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. USPS		M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 100 Hartford Ave		Amount of Each Disbursement this Period
City Providence State RI Zip Code 02909-3323		296.15
Purpose of Disbursement Postage		Transaction ID : D446769
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Virgin America		M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period
City Burlingame State CA Zip Code 94010		135.00
Purpose of Disbursement Travel (Airfare)		Transaction ID : D446775
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Virgin America		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 555 Airport Blvd.,		Amount of Each Disbursement this Period 146.00
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Travel (Airfare)	Transaction ID : D446773
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 6096.16
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card	Transaction ID : D450489
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 164.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Travel	Transaction ID : D452987
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6096.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Bistro Bis Restaurant		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 15 E Street, NW		Amount of Each Disbursement this Period 73.88
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Meals	Transaction ID : D452993
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 209.00
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel (Airfare)	Transaction ID : D452988
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Hyatt Hotel		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 100 Heron Blvd. at Route 50		Amount of Each Disbursement this Period 1150.00
City Cambridge	State MD	
Zip Code 21613	Purpose of Disbursement Lodging	Transaction ID : D452997
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Jacky's Waterplace

Full Name (Last, First, Middle Initial)
Mailing Address 200 Exchange Street

City Providence State RI Zip Code 02903

Purpose of Disbursement Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 103.80

Transaction ID : D452999

[MEMO ITEM]

B. JetBlue

Full Name (Last, First, Middle Initial)
Mailing Address 118-29 Queens Boulevard

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement Travel (Airfare)

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 158.00

Transaction ID : D452995

[MEMO ITEM]

C. Providence Biltmore

Full Name (Last, First, Middle Initial)
Mailing Address 11 Dorrance St

City Providence State RI Zip Code 02903-1734

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 2593.04

Transaction ID : D452992

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 200.00
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel (Airfare)	Category/Type	Transaction ID : D452994 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 209.00
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel (Airfare)	Category/Type	Transaction ID : D452990 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 72.00
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel (Airfare)	Category/Type	Transaction ID : D452991 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial)
A. US Airways

Mailing Address 111 W Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281-2880

Purpose of Disbursement
Travel (Airfare)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Disbursement this Period
170.00

Transaction ID : D452989

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US Airways

Mailing Address 111 W Rio Salado Pkwy

City State Zip Code
Tempe AZ 85281-2880

Purpose of Disbursement
Travel (Airfare)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Disbursement this Period
475.50

Transaction ID : D453000

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
c. Waterman Grill

Mailing Address 4 Richmond Square

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Disbursement this Period
206.18

Transaction ID : D452998

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Westin		Date of Disbursement MM / DD / YYYY 03 / 10 / 2014
Mailing Address 404 S Figueroa St		Amount of Each Disbursement this Period \$ 300.46
City Los Angeles	State CA	
Zip Code 90071	Purpose of Disbursement Lodging	Transaction ID : D453001
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/Type
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:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 0.00
TOTAL This Period (last page this line number only).....	\$ 112621.09