

2006 JAN 25 A 7 49

Office Use Only

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

C00151837 121605 N 266
RAYMOND F RIGNEY JR
R I BRICKLAYERS POLITICAL ACTI
ON COMMITTEE
POST OFFICE PLAZA
150 MIDWAY ROAD SUITE 153
CRANSTON RI 02920

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 5 1 8 3 7

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on [] / [] / [] in the State of []

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

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

Election on [] / [] / [] in the State of []

5. Covering Period

0 7 / 0 1 / 2 0 0 5

through

1 2 / 3 1 / 2 0 0 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Raymond F. Rigney, Jr.

Signature of Treasurer

Raymond F. Rigney Jr.

Date

0 1 / 1 8 / 2 0 0 5

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

26038954351

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RI Bricklayers Political Action Comm

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2005"/>		<input type="text" value="1056421"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1143048"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="497145"/>	<input type="text" value="817733"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1640193"/>	<input type="text" value="1874154"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="435000"/>	<input type="text" value="668961"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1205193"/>	<input type="text" value="1205193"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

26038954352

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

RI Bricklayers Political Action Comm

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2005 To: MM / DD / YYYY 12 / 31 / 2005

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 0 0	0 0 0
(ii) Unitemized.....	4 9 7 1 4 5	8 1 7 7 3 3
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4 9 7 1 4 5	8 1 7 7 3 3
(b) Political Party Committees.....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	4 9 7 1 4 5	8 1 7 7 3 3
12. Transfers From Affiliated/Other Party Committees.....	0 0 0	0 0 0
13. All Loans Received.....	0 0 0	0 0 0
14. Loan Repayments Received.....	0 0 0	0 0 0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 0 0	0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 0 0	0 0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0 0 0	0 0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0 0 0	0 0 0
(b) Levin Funds (from Schedule H5).....	0 0 0	0 0 0
(c) Total Transfers (add 18(a) and 18(b))..	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4 9 7 1 4 5	8 1 7 7 3 3
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4 9 7 1 4 5	8 1 7 7 3 3

20030305431

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5 0 0 0 0	1 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0 0 0	0 0 0
26. Loan Repayments Made	0 0 0	0 0 0
27. Loans Made	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29. Other Disbursements	3 8 5 0 0 0	5 6 8 9 6 1
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0 0	0 0 0
(ii) "Levin" Share	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4 3 5 0 0 0	6 6 8 9 6 1
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0 0	0 0 0

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4,971.45	8,177.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,971.45	8,177.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

20030305007

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM	DD	YYYY
06	30	2005

A.

Whitehouse '06

Mailing Address

PO Box 40280

City

State

Zip Code

Providence

RI

02940

Purpose of Disbursement

Fundraiser

Candidate Name

Sheldon Whitehouse

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

0.07
Category/
Type

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B.

Friends of Joseph Faria

Mailing Address

c/o 112 Clay Street

City

State

Zip Code

Central Falls

RI

02863

Purpose of Disbursement

Fundraiser

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: RI

District:

0.07
Category/
Type

Date of Disbursement

MM	DD	YYYY
09	01	2005

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Bricklayers Disaster Fund

Mailing Address

1776 Eye Street, N.W.

City

State

Zip Code

Washington

DC

20006

Purpose of Disbursement

Relief, Hurricane Katrina

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

0.12
Category/
Type

Date of Disbursement

MM	DD	YYYY
09	02	2005

Amount of Each Disbursement this Period

2,000.00

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

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

2,600.00

26038854356

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

A.

Cranston Police Union Local #301

Mailing Address

PO Box 8006

City

Cranston

State

RI

Zip Code

02920

Purpose of Disbursement

Fundraiser

Candidate Name

0 1 2
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2005

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

State FOP

Mailing Address

744 Park Avenue

City

Cranston

State

RI

Zip Code

02920

Purpose of Disbursement

Fundraiser

Candidate Name

0 1 2
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2005

Amount of Each Disbursement this Period

1,500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Cumberland Animal Shelter Volunteer

Mailing Address

45 Broad Street

City

Cumberland

State

RI

Zip Code

02864

Purpose of Disbursement

Fundraiser

Candidate Name

0 1 2
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2005

Amount of Each Disbursement this Period

3,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

5,500.00

26030954357

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

A.

Cranston Police Union Local #301

Mailing Address

PO Box 8006

City

Cranston

State

RI

Zip Code

02920-4257

Purpose of Disbursement

Fundraiser, Public Safety Guide

Candidate Name

0 1 2

Category/
Type

Date of Disbursement

1 2 / 2 1 / 2 0 0 5

Amount of Each Disbursement this Period

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

RI Juvenile Officers Association, Inc.

Mailing Address

770 Reservoir Avenue

City

Cranston

State

RI

Zip Code

02910

Purpose of Disbursement

Fundraiser, Child Safety Guide

Candidate Name

0 1 2

Category/
Type

Date of Disbursement

2 / 2 1 / 2 0 0 5

Amount of Each Disbursement this Period

5 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

United Way

Mailing Address

229 Waterman Street

City

Providence

State

RI

Zip Code

02906

Purpose of Disbursement

Fundraiser

Candidate Name

0 1 2

Category/
Type

Date of Disbursement

1 2 / 2 8 / 2 0 0 5

Amount of Each Disbursement this Period

1 0 0 0 0 0

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

1 1 0 0 0 0

20030954350

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

A.

Chafee For Senate

Date of Disbursement

MM	DD	YYYY
12	28	2005

Mailing Address

PO Box 7329

City

Warwick

State

RI

Zip Code

02887-7329

Purpose of Disbursement

Fundraiser

0	0	7
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Amount of Each Disbursement this Period

1	0	0	0	0
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Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM	DD	YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

--	--	--

Amount of Each Disbursement this Period

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Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM	DD	YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

--	--	--

Amount of Each Disbursement this Period

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Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

1	0	0	0	0
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2603895435

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/18/06
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>ER</i>	1/25/06
PREPARER	DATE PREPARED

200609151400