

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2002 DEC -8 P 12:23

Office Use Only

1. NAME OF COMMITTEE (or firm) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FB4MS

ADDRESS (number and street) Check if different than previously reported. (ACC) 110 MIDWAY ROAD SUITE 300 CHARLOTTE NC 28202

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PPS-Election Report for this: Primary, General, Special, Runoff. Election on: 11/05/2002 in the State of R.I. (d) 30-Day POST-Election Report for this: General, Runoff, Special. Election on: 11/05/2002 in the State of R.I.

5. Covering Period 10/01/2002 through 11/25/2002

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 [Handwritten Signature] Date 12/03/2002

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**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

RI Bricklayers Political Action Comm

Report Covering the Period:

From:

0 0 1 2 0 0 2

To:

1 1 2 5 2 0 0 2

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1,	2 0 0 2	6 4 4 1 8 2
(b) Cash on Hand at Beginning of Reporting Period	7 2 7 4 0 8	
(c) Total Receipts (from Line 19)	2 2 8 9 6 7	1 0 5 4 8 4 8
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9 5 6 3 7 5	1 6 9 9 0 3 9
7. Total Disbursements (from Line 30)	2 0 1 0 9 0	9 4 3 7 4 5
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7 5 5 2 8 5	7 5 5 2 8 5
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0 0 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0 0 0	

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 20483

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

RI Bricklayers Political Action Comm

Report Covering the Period: From: 1 0 0 1 2 0 0 2 To: 1 1 2 3 2 0 0 2

L 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	
(ii) Unitemized	2 2 8 9 6 7	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	2 2 8 9 6 7	1 0 5 4 8 4 8
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	2 2 8 9 6 7	1 0 5 4 8 4 8
12. Transfers From Affiliated/Other Party Committees	0 0 0	0 0 0
13. All Loans Received	0 0 0	0 0 0
14. Loan Repayments Received	0 0 0	0 0 0
15. Offsets To Operating Expenditures (Refunds, Forfeitures, etc.) (Carry Totals to Line 36, page 4)	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 Nonfederal Account for Joint Activity	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2 2 8 9 6 7	1 0 5 4 8 4 8
20. Total Federal Receipts (subtract Line 18 from Line 19)	2 2 8 9 6 7	1 0 5 4 8 4 8

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0 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 Committee	0 0 0	0 0 0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	0 0 0	
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 3441a(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	2 0 1 0 9 0	9 4 3 7 4 5	
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	2 0 1 0 9 0	9 4 3 7 4 5	
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	0 0 0	0 0 0	

III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(f), page 3)	2 2 8 9 6 0	1 0 5 4 8 4 8	
33. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0	
34. Net Contributions (other than loans) (extract Line 33 from Line 32)	2 2 8 9 6 0	1 0 5 4 8 4 8	
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0	0 0 0	
36. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0	
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0 0 0	0 0 0	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE OF	
<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"/> 28
<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"/> 29	<input type="checkbox"/> 29

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 purpose, 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)
A. Fund for Community Progress

Date of Disbursement
1 0 3 2 0 0 2

Mailing Address
1604 Broad Street

City State Zip Code
Providence RI 02905

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1 2 0 0 0

Category/Type
0 1 2

Full Name (Last, First, Middle Initial)
B. Prov. F.O.P. Lodge #3

Date of Disbursement
1 0 3 2 0 0 2

Mailing Address
40 Sheridan Street

City State Zip Code
Providence RI 02909

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1 0 0 0 0

Category/Type
0 1 2

Full Name (Last, First, Middle Initial)
C. Sea Land Campaign Comm

Date of Disbursement
1 0 3 1 6 2 0 0 2

Mailing Address
81 Eagle Road

City State Zip Code
Cranston RI 02920

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
5 0 0 0 0

Category/Type
0 1 1

SUBTOTAL of Disbursements This Page (optional) ▶

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

2 7 0 0 0

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

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

FOR LINE NUMBER: (check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Comm

Full Name (Last, First, Middle Initial)

A.

State Democratic Leadership Comm

Mailing Address c/o Sen. Joseph A. Montalbano
959 Mineral Spring Avenue

City North Providence State RI Zip Code 02904

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 / 16 / 2002

Amount of Each Disbursement this Period

1000.00

011
Category/Type

B.

Citizens for Fogarty

Mailing Address
PO Box 6922

City Providence State RI Zip Code 02940

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 / 16 / 2002

Amount of Each Disbursement this Period

5000.00

011
Category/Type

C.

Garabedian for Mayor

Mailing Address
181 A-Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Fundraiser

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

10 / 16 / 2002

Amount of Each Disbursement this Period

1000.00

011
Category/Type

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
10/16/2002

Myrth for Governor

Mailing Address

PO Box 6505

City

State

Zip Code

Providence

RI

02940-6505

Purpose of Disbursement

Fundraiser

Candidate Name

011
Category/
Type

Amount of Each Disbursement this Period

500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
10/18/2002

B.

Cranston Police Union #301

Mailing Address

PO Box 8006

City

State

Zip Code

Cranston

RI

02920

Purpose of Disbursement

Fundraiser

Candidate Name

012
Category/
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
10/28/2002

C.

Friends of Paula McFarland

Mailing Address

100 Pumpham Street

City

State

Zip Code

Cranston

RI

02910

Purpose of Disbursement

Fundraiser

Candidate Name

011
Category/
Type

Amount of Each Disbursement this Period

200.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (in full)

RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)

<p>A.</p> <p>RI Breast Cancer Resource Center</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement <u>Fundraiser</u></p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>1 0 / 2 8 / 2 0 0 2</p> <p>Amount of Each Disbursement this Period</p> <p>5 5 0 0</p> <p>Category/Type 0 1 2</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		

<p>B.</p> <p>Friends of Frank A. Montanaro</p> <p>Mailing Address</p> <p>214 Locust Glen Drive</p> <p>City State Zip Code</p> <p>Cranton RI 02921</p> <p>Purpose of Disbursement <u>Fundraiser</u></p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>1 0 / 2 8 / 2 0 0 2</p> <p>Amount of Each Disbursement this Period</p> <p>5 0 0 0</p> <p>Category/Type 0 1 1</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		

<p>C.</p> <p>Friends of Patrick Kennedy</p> <p>Mailing Address</p> <p>197 Old River Road</p> <p>City State Zip Code</p> <p>Lincoln RI 02865</p> <p>Purpose of Disbursement <u>Fundraiser</u></p> <p>Candidate Name</p>		<p>Date of Disbursement</p> <p>1 0 / 2 8 / 2 0 0 2</p> <p>Amount of Each Disbursement this Period</p> <p>1 0 0 0 0</p> <p>Category/Type 0 1 1</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		

<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	<p>2 1 5 0 0</p>
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25		
	<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	

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NAME OF COMMITTEE (in Full)
RI Bricklayers Political Action Comm

Full Name (Last, First, Middle Initial)
A. Service Charge 10/02-11/02

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period
2590

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **2590**

TOTAL This Period (last page this line number only)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has 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"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12-3-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>CM</i>	<i>12-18-02</i>
PREPARER	DATE PREPARED