

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

ADDRESS (number and street) PO BOX 8273 CRANSTON RI 02920

2. FEC IDENTIFICATION NUMBER C00322362 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Michael Hogan Signature of Treasurer Electronically Filed by Michael Hogan Date 04 15 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17048.74
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	17048.74									
(c) Total Receipts (from Line 19)	8276.25	8276.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25324.99	25324.99								
7. Total Disbursements (from Line 31)	8351.77	8351.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16973.22	16973.22								
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									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	8276.25	8276.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8276.25	8276.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8276.25	8276.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8276.25	8276.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8276.25	8276.25

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	551.77	551.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	551.77	551.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	7800.00	7800.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8351.77	8351.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8351.77	8351.77

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)	8276.25	8276.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8276.25	8276.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	551.77	551.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	551.77	551.77

**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 6 / 11

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

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

NAME OF COMMITTEE (In Full)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.

Full Name (Last, First, Middle Initial)

AJS Printing

Mailing Address 1333 Plainfield Pike

City State Zip Code
Johnston RI 02919

Purpose of Disbursement
Printing of Letters

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.4488

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

546.77

SUBTOTAL of Disbursements This Page (optional)

546.77

TOTAL This Period (last page this line number only)

546.77

**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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.	Full Name (Last, First, Middle Initial) Stephen D. Alves	Transaction ID: SB29.4477 Date of Disbursement 03 / 19 / 2008
	Mailing Address 34 Sweet Briar Lane	Amount of Each Disbursement this Period 450.00
	City West Warwick, State RI Zip Code 02893	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Watson Campaign Committee	Transaction ID: SB29.4482 Date of Disbursement 03 / 26 / 2008
	Mailing Address 103 South Pierce Road	Amount of Each Disbursement this Period 200.00
	City East Greenwich, State RI Zip Code 02818	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Frank T. Caprio	Transaction ID: SB29.4480 Date of Disbursement 03 / 25 / 2008
	Mailing Address P.O. Box 5896	Amount of Each Disbursement this Period 1000.00
	City Providence, State RI Zip Code 02903	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1650.00
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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.	Full Name (Last, First, Middle Initial) Jamie Doyle	Transaction ID: SB29.4471 Date of Disbursement
	Mailing Address 8 Massasoit Ave.	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Pawtucket State RI Zip Code 02861	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="300.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paul Fogarty	Transaction ID: SB29.4474 Date of Disbursement
	Mailing Address P.O. Box 37	<input type="text" value="03"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Harmony State RI Zip Code 02829	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Joanne Giannini	Transaction ID: SB29.4485 Date of Disbursement
	Mailing Address 584 Pleasant Valley Parkway	<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Providence State RI Zip Code 02908	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="250.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.	Full Name (Last, First, Middle Initial) Beatrice Lanzi <hr/> Mailing Address 70 Scituate Farm Drive <hr/> City Cranston State RI Zip Code 02921 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4481 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8	Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) Charlene Lima <hr/> Mailing Address 455 Laurel Hill Avenue <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4476 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Patrick Lynch <hr/> Mailing Address 320 Newport Avenue <hr/> City East Providence State RI Zip Code 02914 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4478 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2400.00
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)

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.	Full Name (Last, First, Middle Initial) Helio Mello	Transaction ID: SB29.4479 Date of Disbursement 03 / 25 / 2008
	Mailing Address P.O. Box 14317	
	City East Providence State RI Zip Code 02914	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joseph Montalbano	Transaction ID: SB29.4472 Date of Disbursement 03 / 05 / 2008
	Mailing Address 959 Mineral Spring Avenue	
	City North Providence State RI Zip Code 02904	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) William J. Murphy	Transaction ID: SB29.4464 Date of Disbursement 01 / 31 / 2008
	Mailing Address P.O. Box 28737	
	City Providence State RI Zip Code 02908	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2200.00
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 11 / 11

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RHODE ISLAND BROTHERHOOD OF CORRECTIONAL OFFICERS

A.

Full Name (Last, First, Middle Initial)
John Tassoni

Transaction ID: SB29.4475

Date of Disbursement

Mailing Address 33B Waterview Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	8

City State Zip Code
Smithfield RI 02917

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

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) ▶

7800.00
