

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

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

RI BRICKLAYERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) POST OFFICE PLAZA  
USA MIDWAY ROAD, SUITE 157  
CRANSTON RI 02920-5743

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00151837

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)  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 (12S)  
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 07 ' 07 ' 2011 through 06 ' 30 ' 2011

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 Paul Enos

Signature of Treasurer *Paul B. Enos* Date 06 ' 30 ' 2011

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									
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11030622491

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RI Bricklayers Political Action Committee

Report Covering the Period: From: 01 ' 01 ' 2011 To: 06 ' 30 ' 2011

11030622492

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2011</u>		43681.24
(b) Cash on Hand at Beginning of Reporting Period.....	43681.24	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43681.24	43681.24
7. Total Disbursements (from Line 31).....	592500	592500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3775624	3775624
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

RI Bricklayers Political Action Committee

Report Covering the Period: From: 01 01 2011 To: 06 30 2011

**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).....

--

--

(ii) Unitemized .....

0
---

0
---

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0
---

0
---

(b) Political Party Committees .....

--

--

(c) Other Political Committees (such as PACs).....

--

--

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0
---

0
---

12. Transfers From Affiliated/Other Party Committees.....

--

--

13. All Loans Received.....

--

--

14. Loan Repayments Received.....

--

--

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

--

--

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

--

--

17. Other Federal Receipts (Dividends, Interest, etc.).....

--

--

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

--

--

(b) Levin Funds (from Schedule H5).....

--

--

(c) Total Transfers (add 18(a) and 18(b))..

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--

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0
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0
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20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0
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0
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11030622493

**DETAILED SUMMARY PAGE  
of Disbursements**

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Page 4

11030622494

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	592500	592500
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	592500	592500
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	592500	592500

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

11030622495

**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 checked="" 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

PAGE 1 OF 5

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 Committee**

A. **Jim Langevin**  
 Mailing Address: **181A Knight Street**  
 City: **Wanwick RI** State: **RI** Zip Code: **02886**  
 Purpose of Disbursement: **fundraiser**  
 Candidate Name: **Jim Langevin**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **01 / 19 / 2011**

Amount of Each Disbursement this Period: **100000**

B. **M. Teresa Paiva Weed**  
 Mailing Address: **139 Van Zandt Avenue**  
 City: **Newport RI** State: **RI** Zip Code: **02840**  
 Purpose of Disbursement: **fundraiser**  
 Candidate Name: **M. Teresa Paiva Weed**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **01 / 25 / 2011**

Amount of Each Disbursement this Period: **40000**

C. **Friends of Gordon D. Fox**  
 Mailing Address: **P.O. Box 185**  
 City: **Providence RI** State: **RI** Zip Code: **02903**  
 Purpose of Disbursement: **fundraiser**  
 Candidate Name: **Friends of Gordon D. Fox**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **▼**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **01 / 25 / 2011**

Amount of Each Disbursement this Period: **40000**

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

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

**180000**

11030622496

**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 2 OF 5

<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)

RI Bricklayers Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Ward Fisher + Company LLP

Mailing Address

2600 Centerville Road

City

State

Zip Code

Warwick RI 02886

Purpose of Disbursement

Accounting Services

Candidate Name

Category/  
Type

Date of Disbursement

01 / 11 / 2011

Amount of Each Disbursement this Period

187500

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Institute for Labor Studies + Research

Mailing Address

City

State

Zip Code

Purpose of Disbursement

underwrite show editions-legis.

Candidate Name

Category/  
Type

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

50000

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Providence St. Patrick's Day Parade

Mailing Address

City

State

Zip Code

Purpose of Disbursement

donation

Candidate Name

Category/  
Type

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

10000

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).....▶

247500

247500

11030622497

**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)

*RI Bricklayers Political Action Committee*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*02' 13' 2011*

A. *Cranston Police Union Local # 301*

Mailing Address

*P.O. Box 8006*

City

State

Zip Code

*Cranston RI*

Purpose of Disbursement

*Public safety guide fundraiser*

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

*15000*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

*02' 13' 2011*

B. *Sen. Dom. Ruggiero Committee*

Mailing Address

*7 Great View Avenue*

City

State

Zip Code

*North Providence RI*

Purpose of Disbursement

*fundraiser*

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

*30000*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

*02' 19' 2011*

C. *Partnership to Address Violence thr. Education*

Mailing Address

*7 Pezaldo Street*

City

State

Zip Code

*Johnston RI*

Purpose of Disbursement

*fundraiser*

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

*15000*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

*60000*

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

11030622498



**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)

*RI Bricklayers Political Action Committee*

Full Name (Last, First, Middle Initial)

A.

*Ciccone for Senator*

Mailing Address

*15 Mercy Street*

City State Zip Code

*Providence RI 02909*

Purpose of Disbursement

*Fundraiser*

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

*03 ' 08 ' 2011*

Amount of Each Disbursement this Period

*30000*

B.

*Friends of Senator John J. Tassoni Jr.*

Mailing Address

*33B Waterview Drive*

City State Zip Code

*Smithfield RI*

Purpose of Disbursement

*Fundraiser*

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

*03 ' 08 ' 2011*

Amount of Each Disbursement this Period

*20000*

C.

*VFW of USA*

Mailing Address

*One Capitol Hill*

City State Zip Code

*Providence RI 02908*

Purpose of Disbursement

*Fundraiser*

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

*03 ' 13 ' 2011*

Amount of Each Disbursement this Period

*15000*

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

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

*65000*

11030622499

**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 5 OF 5
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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 Committee**

A. **Committee to Elect Nick Narducci**  
 Mailing Address: **36 Langdon Street**  
 City: **Providence RI** 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: **03 / 28 / 2011**  
 Amount of Each Disbursement this Period: **20000**  
 Category/Type: \_\_\_\_\_

B. **RI Jobs with Justice**  
 Mailing Address: **280 Broadway, Suite 201**  
 City: **Providence RI** State: **RI** Zip Code: **02903**  
 Purpose of Disbursement: **Fundraiser**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **04 / 18 / 2011**  
 Amount of Each Disbursement this Period: **10000**  
 Category/Type: \_\_\_\_\_

C. **RI Shriners**  
 Mailing Address: **P.O. Box 3697**  
 City: **Cranston RI** State: **RI** Zip Code: **02910**  
 Purpose of Disbursement: **Fundraiser**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **06 / 16 / 2011**  
 Amount of Each Disbursement this Period: **10000**  
 Category/Type: \_\_\_\_\_

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

**40000**  
**592500**

11030622500

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.

11030622501

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<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



PREPARER

(3/2005)

7/12/11

DATE PREPARED