

# 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  
 Check if different than previously reported. (ACC)  
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)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly 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 (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 04 01 2008 through 06 30 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 07 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 **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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

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 .....	16973.22									
(c) Total Receipts (from Line 19) .....	7184.50	15460.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	24157.72	32509.49								
7. Total Disbursements (from Line 31) .....	14875.00	23226.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9282.72	9282.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

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) .....	7184.50	15460.75
(ii) Unitemized .....	7184.50	15460.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7184.50	15460.75
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)) .....	7184.50	15460.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7184.50	15460.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	551.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	551.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	400.00	400.00
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.....	14475.00	22275.00
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))..	14875.00	23226.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14875.00	23226.77

**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 .....	7184.50	15460.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7184.50	15460.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	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) .....	0.00	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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) Jack Reed		Transaction ID: SB23.4513	
	Mailing Address P.O. Box 8628		Date of Disbursement 05 / 04 / 2008	
	City Cranston	State RI	Zip Code 02920	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Contribution		011	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

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

400.00

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

400.00

**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

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) David Caprio	Transaction ID: SB29.4557 Date of Disbursement 06 / 17 / 2008
	Mailing Address One Center Place	Amount of Each Disbursement this Period 250.00
	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) ▼
B.	Full Name (Last, First, Middle Initial) Larry Ceresi	Transaction ID: SB29.4495 Date of Disbursement 04 / 02 / 2008
	Mailing Address 129 Ricci Lane	Amount of Each Disbursement this Period 500.00
	City North Kingston State RI Zip Code 02852	
	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 A. Ciccone, III	Transaction ID: SB29.4498 Date of Disbursement 04 / 22 / 2008
	Mailing Address 15 Mercy Street	Amount of Each Disbursement this Period 1000.00
	City Providence State RI Zip Code 02909	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	1750.00
<b>TOTAL</b> 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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel Connors</p> <p>Mailing Address 370 Bryant Street</p> <p>City Cumberland State RI Zip Code 02864</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4517 <b>Date of Disbursement</b> 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Steven Constantino</p> <p>Mailing Address 2 Colonial Drive</p> <p>City North Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4526 <b>Date of Disbursement</b> 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 375.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Arthur Corvese</p> <p>Mailing Address 234 Lexington Ave.</p> <p>City North Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4497 <b>Date of Disbursement</b> 04 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

1575.00

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Marc Cote</p> <p>Mailing Address 144 Woodland Road</p> <p>City Woonsocket State RI Zip Code 02895</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4499 <b>Date of Disbursement</b> 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wally Felag, Jr.</p> <p>Mailing Address 51 Overhill Road</p> <p>City Warren State RI Zip Code 02885</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4551 <b>Date of Disbursement</b> 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hanna M. Gallo</p> <p>Mailing Address 285 Meshanticut Valley Parkway</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4511 <b>Date of Disbursement</b> 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>011 Category/Type</p>

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

900.00

**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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Al Gemma</p> <p>Mailing Address 310 Natick Avenue</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4516</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Maryellen Goodwin</p> <p>Mailing Address 325 Smith Street</p> <p>City Providence State RI Zip Code 02908</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4540</p> <p>Date of Disbursement 05 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>011 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Arthur Handy</p> <p>Mailing Address 26 Welfare Avenue</p> <p>City Cranston State RI Zip Code 02919</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4509</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>011 Category/Type</p>

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

1050.00

**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 / 18

<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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Dan Issa</p> <p>Mailing Address 1 Hastings Avenue</p> <p>City Pawtucket State RI Zip Code 02861</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4527</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Michael Lenehan, Jr.</p> <p>Mailing Address 255 Tillinghast Road</p> <p>City East Greenwich State RI Zip Code 02818</p> <p>Purpose of Disbursement Contributions Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4533</p> <p>Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Charles J. Levesque</p> <p>Mailing Address 81 Freeborn Street</p> <p>City Portsmouth State RI Zip Code 02871</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4502</p> <p>Date of Disbursement 04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>

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

700.00

**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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christopher Maselli</p> <p>Mailing Address 32 Goldenview Drive</p> <p>City Johnston State RI Zip Code 02919</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4519 <b>Date of Disbursement</b> 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John McBurney</p> <p>Mailing Address 5 Nancy Street</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4515 <b>Date of Disbursement</b> 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael J McCaffrey</p> <p>Mailing Address 115 Twin Oak Drive</p> <p>City Warwick State RI Zip Code 02889</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4538 <b>Date of Disbursement</b> 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>

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

1500.00

**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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paula McFarland <hr/> Mailing Address 100 Pomham Street <hr/> City Cranston State RI Zip Code 02910 <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: SB29.4525 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph McNamara <hr/> Mailing Address 23 Howie Avenue <hr/> City Warwick State RI Zip Code 02888 <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: SB29.4521 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Rene Menard <hr/> Mailing Address 3 Sunset Drive <hr/> City Manville State RI Zip Code 02838 <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: SB29.4506 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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) Joshua Miller	Transaction ID: SB29.4530 Date of Disbursement 05 / 20 / 2008
	Mailing Address P.O. Box 8647	
	City Cranston State RI Zip Code 02920	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) Edwin Pacheco	Transaction ID: SB29.4550 Date of Disbursement 06 / 11 / 2008
	Mailing Address P.O. Box 358	
	City Pascoag State RI Zip Code 02859	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) ▼

C.	Full Name (Last, First, Middle Initial) Teresa Paiva Weed	Transaction ID: SB29.4496 Date of Disbursement 04 / 09 / 2008
	Mailing Address 139 Vanzandt Avenue	
	City Newport State RI Zip Code 02840	Amount of Each Disbursement this Period 500.00
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	900.00
<b>TOTAL</b> 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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Peter Palumbo</p> <p>Mailing Address 12 Waterview Lane</p> <p>City North Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4546 <b>Date of Disbursement</b> 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>011 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) RI Senate Democrats</p> <p>Mailing Address 959 Mineral Spring Avenue</p> <p>City North Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4541 <b>Date of Disbursement</b> 05 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dominick Ruggerio</p> <p>Mailing Address 7 Greatview Avenue</p> <p>City North Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.4520 <b>Date of Disbursement</b> 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 800.00</p> <p>011 Category/Type</p>

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

2000.00

**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

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) Bill San Bento	Transaction ID: SB29.4548 Date of Disbursement 06 / 10 / 2008
	Mailing Address 494 Smithfield Avenue	Amount of Each Disbursement this Period 500.00
	City Pawtucket State RI Zip Code 02860	
	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) Richard Santa Maria	Transaction ID: SB29.4535 Date of Disbursement 05 / 21 / 2008
	Mailing Address 20 Burr Street	Amount of Each Disbursement this Period 100.00
	City Cranston State RI Zip Code 02920	
	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) Patricia Serpa	Transaction ID: SB29.4507 Date of Disbursement 04 / 24 / 2008
	Mailing Address 194 Kimberly Lane	Amount of Each Disbursement this Period 100.00
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	700.00
<b>TOTAL</b> 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

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) James Sheehan	Transaction ID: SB29.4528 Date of Disbursement 05 / 15 / 2008
	Mailing Address 40 Blueberry Lane	Amount of Each Disbursement this Period 200.00
	City North Kingston State RI Zip Code 02852	
	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) Gus Silva	Transaction ID: SB29.4539 Date of Disbursement 05 / 27 / 2008
	Mailing Address 82 Ledge Street	Amount of Each Disbursement this Period 200.00
	City Central Falls State RI Zip Code 02863	
	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) Steven F Smith	Transaction ID: SB29.4558 Date of Disbursement 06 / 18 / 2008
	Mailing Address 20 Neutaconkanut Road	Amount of Each Disbursement this Period 400.00
	City Providence State RI Zip Code 02919	
	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) ..... ▶

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 18 / 18

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen R Ucci <hr/> Mailing Address 42 John Street, #2 <hr/> City Johnston State RI Zip Code 02919 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB29.4544 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Walaska <hr/> Mailing Address 140 Aldrich Ave. <hr/> City Warwick State RI Zip Code 02889 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB29.4524 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Williamson <hr/> Mailing Address 1891 New London Turnpike <hr/> City West Warwick State RI Zip Code 02893 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB29.4504 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00

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

1400.00

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

14475.00