

**FEC FORM 3X**

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

RECEIVED  
FEC MAIL  
OPERATIONS CENTER  
2006 JUL 19 A 8:49

Office Use Only

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

David A Schiapò, Jr.

RI Bricklayers Political Action Committee

ADDRESS (number and street) Post Office Plaza

150 Midway Road, Suite 158

Cranston RI 02920-5743

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 MM / DD / YYYY in the State of  

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

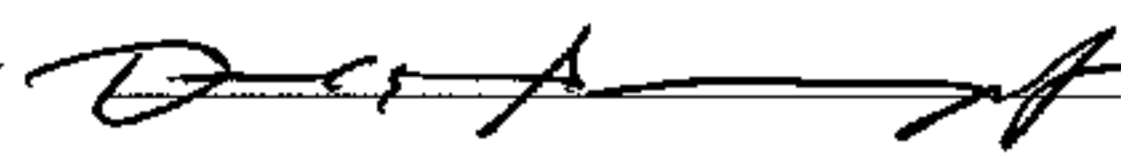
- General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

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 David A. Schiapò, Jr.

Signature of Treasurer  Date MM / DD / YYYY

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

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**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2006"/>		<input type="text" value="1,336.689"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1,338.6689"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2,840.38"/>	<input type="text" value="2,840.38"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="1,420.727"/>	<input type="text" value="1,420.727"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="2,000.00"/>	<input type="text" value="2,000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="1,220.727"/>	<input type="text" value="1,220.727"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="000"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

25059140587

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: M O B 0 4 / M O B 0 1 / Y E A R 2 0 0 6 To: M O B 0 6 / M O B 3 0 / Y E A R 2 0 0 6

**I. Receipts**

**COLUMN A  
Total This Period**

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

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 0 0	0 0 0
(ii) Unitemized.....	2 8 4 0 3 8	2 8 4 0 3 8
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2 8 4 0 3 8	2 8 4 0 3 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)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶	2 8 4 0 3 8	2 8 4 0 3 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, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0 0 0	0 0 0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0 0 0	0 0 0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0 0 0	0 0 0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0 0 0	0 0 0
(b) Levin Funds (from Schedule H5).....	0 0 0	0 0 0
(c) Total Transfers (add 18(a) and 18(b))..	0 0 0	0 0 0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2 8 4 0 3 8	2 8 4 0 3 8
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2 8 4 0 3 8	2 8 4 0 3 8

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) Non-Federal Share.....	0 0 0	0 0 0
(b) Other Federal Operating Expenditures .....	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees.....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3 2 5 0 0	3 2 5 0 0
24. Independent Expenditures (use Schedule E) .....	0 0 0	0 0 0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0 0 0	0 0 0
26. Loan Repayments Made.....	0 0 0	0 0 0
27. Loans Made.....	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0 0 0	0 0 0
(b) Political Party Committees .....	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0 0	0 0 0
29. Other Disbursements .....	1 6 7 5 0 0	1 6 7 5 0 0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0 0 0	0 0 0
(ii) "Levin" Share.....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2 0 0 0 0 0	2 0 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0 0 0	0 0 0

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**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) .....	2,840.38	2,840.38
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,840.38	2,840.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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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"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	

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

NAME OF COMMITTEE (In Full)  
**RI Bricklayers Political Action Committee**

**A.**

Full Name (Last, First, Middle Initial)  
**Friends of Paula McFarland**

Date of Disbursement  
MM / DD / YYYY  
**04 / 12 / 2006**

Mailing Address  
**100 Peacham Street**

City State Zip Code  
**Cranston, RI 02910**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Paula McFarland**

Category/Type  
**0 1 1**

Amount of Each Disbursement this Period  
**2 2 5 0 0**

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

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
**Ciccone for Senator**

Date of Disbursement  
MM / DD / YYYY  
**04 / 19 / 2006**

Mailing Address  
**15 Mercy Street**

City State Zip Code  
**Providence, RI 02909**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Frank Ciccone**

Category/Type  
**0 1 1**

Amount of Each Disbursement this Period  
**3 0 0 0 0**

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

State: District:

**C.**

Full Name (Last, First, Middle Initial)  
**Senator Dominick J. Ruggiero Committee**

Date of Disbursement  
MM / DD / YYYY  
**04 / 25 / 2006**

Mailing Address  
**7 Greatvoew Avenue**

City State Zip Code  
**North Providence, RI 02904**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Dominick J. Ruggiero**

Category/Type  
**0 1 1**

Amount of Each Disbursement this Period  
**3 0 0 0 0**

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

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶ **8 2 5 0 0**

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

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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"/> 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**

Full Name (Last, First, Middle Initial)

<p><b>A.</b></p> <p><u>Fogarty for R.I.</u></p> <p>Mailing Address <u>P.O. Box 1624</u></p> <p>City <u>Providence</u> State <u>RI</u> Zip Code <u>02901</u></p> <p>Purpose of Disbursement <u>Fundraiser</u></p> <p>Candidate Name <u>Charles Fogarty</u></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p><u>05</u> / <u>09</u> / <u>2006</u></p> <p>Amount of Each Disbursement this Period</p> <p><u>500.00</u></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><u>011</u></p>

<p><b>B.</b></p> <p><u>Chafee for Senate</u></p> <p>Mailing Address <u>P.O. Box 7329</u></p> <p>City <u>Warwick</u> State <u>RI</u> Zip Code <u>02887</u></p> <p>Purpose of Disbursement <u>Fundraiser</u></p> <p>Candidate Name <u>Lincoln Chafee</u></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p><u>06</u> / <u>09</u> / <u>2006</u></p> <p>Amount of Each Disbursement this Period</p> <p><u>2000.00</u></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><u>011</u></p>

<p><b>C.</b></p> <p><u>Friends of Patrick Kennedy</u></p> <p>Mailing Address <u>400 C Street NE</u></p> <p>City <u>Washington</u> State <u>DC</u> Zip Code <u>20002</u></p> <p>Purpose of Disbursement <u>Fundraiser</u></p> <p>Candidate Name <u>Patrick Kennedy</u></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p>		<p>Date of Disbursement</p> <p><u>06</u> / <u>09</u> / <u>2006</u></p> <p>Amount of Each Disbursement this Period</p> <p><u>1250.00</u></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><u>011</u></p>

<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>	<p><u>8250.00</u></p>
<p>TOTAL This Period (last page this line number only).....▶</p>	<p><u>8250.00</u></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"/> 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**

Full Name (Last, First, Middle Initial)

**A.**

Bea Lanzi Campaign Committee  
Mailing Address  
70 Scituate Farms Drive  
City State Zip Code  
Cranston RI 02921

Purpose of Disbursement  
Fundraiser

Candidate Name  
Bea Lanzi

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2006

Amount of Each Disbursement this Period

15000

011  
Category/  
Type

**B.**

The Pointe of Performing Arts  
Mailing Address  
999 Oaklawn Avenue  
City State Zip Code  
Cranston RI 02920

Purpose of Disbursement  
Fundraiser

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2006

Amount of Each Disbursement this Period

35000

012  
Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

35000

2000000

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/14/06
<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 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

*EF*  
 PREPARER

7/19/06  
 DATE PREPARED

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