

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 181-A Knight Street  
Warwick RI 02886  
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** C C00344697  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
RI 02

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)  
 Termination Report (TER)  
(b) 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  
(c) 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  
10 / 01 / 2013 through 12 / 31 / 2013

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 Mr. Edward A. Giroux

Signature of Treasurer Mr. Edward A. Giroux [Electronically Filed] Date MM / DD / YYYY  
01 / 31 / 2014

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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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Langevin for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	110325.97	529370.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	110325.97	529370.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	79585.92	501772.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	2153.58	5077.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77432.34	496695.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	291315.01	
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).....	46739.70	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Langevin for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47979.00	216695.63
(ii) Unitemized.....	2396.97	15974.37
(iii) TOTAL of contributions from individuals ▶	50375.97	232670.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	59950.00	296700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	110325.97	529370.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	53625.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	53625.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	2153.58	5077.01
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	255.85	766.71
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	112735.40	588838.72

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79585.92	501772.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	5000.00	5000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	2083.61	6885.30
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2083.61	6885.30
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	86669.53	513657.41

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	265249.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112735.40
25. SUBTOTAL (add Line 23 and Line 24).....	377984.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86669.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	291315.01

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen J. Angell Esquire**

Mailing Address 18 Susan Cir

City Johnston State RI Zip Code 02919-6420

FEC ID number of contributing federal political committee. **C**

Name of Employer Dexter Credit Union Occupation Presiden and CEO, and General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : C8581470**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Bernard F. McKay**

Mailing Address 601 Pennsylvania Ave NW Ste 520N

City Washington State DC Zip Code 20004-2640

FEC ID number of contributing federal political committee. **C**

Name of Employer Intuit Occupation Chief Public Policy Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : C8640730**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Thomas Born MD**

Mailing Address 1900 Rittenhouse Sq

City Philadelphia State PA Zip Code 19103-5767

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopedics Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : C8641060**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 128  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph R. Maloney**

Mailing Address 376 Dry Bridge Rd

City North Kingstown State RI Zip Code 02852-5249

FEC ID number of contributing federal political committee. **C**

Name of Employer Roll-a-way of New England Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8606190**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas A. Tanury**

Mailing Address 343 Rumstick Rd

City Barrington State RI Zip Code 02806-4934

FEC ID number of contributing federal political committee. **C**

Name of Employer Tanury Industries Occupation Chairman

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8641320**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul A. Akerman MD**

Mailing Address 2381 Middle Rd

City East Greenwich State RI Zip Code 02818-1136

FEC ID number of contributing federal political committee. **C**

Name of Employer University Gastroenterology Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : C8636350**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 3200.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael A. Grills**

Mailing Address 135 Chase Hill Rd

City Ashaway State RI Zip Code 02804-2226

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : C8636380**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**R. Kelly Sheridan Esquire**

Mailing Address 253 Freeman Pkwy

City Providence State RI Zip Code 02906-5740

FEC ID number of contributing federal political committee. **C**

Name of Employer Roberts, Carroll, Feldstein and Pierce Occupation Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625710**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Howard M. Kilguss**

Mailing Address 121 Perryville Rd

City Rehoboth State MA Zip Code 02769-1807

FEC ID number of contributing federal political committee. **C**

Name of Employer Bioprocess H2O Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8600620**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philippe H. Maatouk**

Mailing Address 49 Jonathan Way

City Cranston State RI Zip Code 02920-4615

FEC ID number of contributing federal political committee. **C**

Name of Employer Kartabar Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625711**

Amount of Each Receipt this Period  
 300.00

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard W. Pinto Jr.**

Mailing Address 1101 Pennsylvania Ave NW Ste 700

City Washington State DC Zip Code 20004-2520

FEC ID number of contributing federal political committee. **C**

Name of Employer Fabiani and Company Occupation Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : C8640321**

Amount of Each Receipt this Period  
 1500.00

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard H. Leclerc**

Mailing Address 28 Westwood Rd

City North Smithfield State RI Zip Code 02896-7031

FEC ID number of contributing federal political committee. **C**

Name of Employer Gateway Healthcare Occupation Healthcare Administration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : C8640341**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2300.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William M. Vareika**

Mailing Address 212 Bellevue Ave

City Newport State RI Zip Code 02840-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer William Vareika Fine Arts Ltd Occupation Art Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2013

**Transaction ID : C8604051**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Terence M. Fracassa Esquire**

Mailing Address 30 Withington Rd

City Narragansett State RI Zip Code 02882-2231

FEC ID number of contributing federal political committee. **C**

Name of Employer Lepizzera and Laprocina Occupation Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8641361**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**Nancy A. Lieberman Esquire**

Mailing Address 435 E 52nd St Apt 10D

City New York State NY Zip Code 10022-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer Skadden Arps Slate Meagher and Flom LL Occupation Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8641661**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Henry J. Schweiter Esquire**

Mailing Address 5400 Albia Rd

City State Zip Code  
Bethesda MD 20816-1338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Family Health Plan Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : C8603021**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian A. Goldman Esquire**

Mailing Address 681 Smith St  
Law Offices of Brian Goldman

City State Zip Code  
Providence RI 02908-3502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Law Offices of Brian Goldman Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2013

**Transaction ID : C8625721**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas L. DePetrillo**

Mailing Address 179 Summit View Ln

City State Zip Code  
North Kingstown RI 02852-4820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Providence Capital Group President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 25 / 2013

**Transaction ID : C8601781**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Fabiani**

Mailing Address 1101 Pennsylvania Ave NW  
Ste 700

City Washington State DC Zip Code 20004-2520

FEC ID number of contributing federal political committee. **C**

Name of Employer Fabiani and Company Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : C8640322**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Francis J. Flynn**

Mailing Address 64 Pine Orchard Rd

City West Warwick State RI Zip Code 02893-3302

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island Federation of Teachers an Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625712**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Shivan S. Subramanian**

Mailing Address 155 Grotto Ave

City Providence State RI Zip Code 02906-5720

FEC ID number of contributing federal political committee. **C**

Name of Employer FM Global Occupation Chairman and Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8642632**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Conca**

Mailing Address **PO Box 596**

City **Rehoboth** State **MA** Zip Code **02769-0596**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Abbott-Action, Inc.** Occupation **Designer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : C8579822**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Hazen White Jr.**

Mailing Address **16 Stone Tower Ln**

City **Barrington** State **RI** Zip Code **02806-4914**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TACO, Inc.** Occupation **Chief Executive Officer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 23 / 2013**

**Transaction ID : C8639352**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Peter A. Koch**

Mailing Address **45 Verdant Ln**

City **Warwick** State **RI** Zip Code **02886-8543**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Candescent Eye Management** Occupation **Chairman**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C8581073**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 128

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alfred R. Chatelle Sr.**

Mailing Address 4030 Dew Cir

City Prescott Valley State AZ Zip Code 86314-7600

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2013

**Transaction ID : C8641293**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John C. Grzebien**

Mailing Address 511 Wolfe St

City Alexandria State VA Zip Code 22314-3729

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625713**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary Bubly MD, FACEP**

Mailing Address 107 Main St

City Somerset State MA Zip Code 02726-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer University Emergency Medicine Foundati Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8641873**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Thomas**

Mailing Address **24 Briar Ln**

City **Kingston** State **RI** Zip Code **02881-1408**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2013**

**Transaction ID : C8578323**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**John J. Smith Jr.**

Mailing Address **33 Kilburn Ave**

City **Lincoln** State **RI** Zip Code **02865-2129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 19 / 2013**

**Transaction ID : C8601033**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Michael Integlia Jr.**

Mailing Address **100 Dean Ridge Blvd**

City **Cranston** State **RI** Zip Code **02920-3650**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Michael Integlia and Company** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 15 / 2013**

**Transaction ID : C8600613**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**625.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Mark**

Mailing Address 1160 Fern Ave

City Orlando State FL Zip Code 32814-6062

FEC ID number of contributing federal political committee. **C**

Name of Employer American In-Home Care, LLC Occupation Chief Operating Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : C8575494**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dennis D. Keefe**

Mailing Address 35 Warthin Cir

City Norwood State MA Zip Code 02062-5667

FEC ID number of contributing federal political committee. **C**

Name of Employer Care New England Occupation President and Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : C8640414**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert A. Catanzaro Jr.**

Mailing Address 115 Love Ln

City Warwick State RI Zip Code 02886-8525

FEC ID number of contributing federal political committee. **C**

Name of Employer Independence Bank Occupation Banking

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013

**Transaction ID : C8603474**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard R. Beretta Jr., Esqui**

Mailing Address 511 E Shore Rd

City State Zip Code  
Jamestown RI 02835-1710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adler, Pollock and Sheehan Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 26 / 2013

**Transaction ID : C8641294**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**J. Terrence Murray**

Mailing Address 33 Peaked Rock Ln

City State Zip Code  
Narragansett RI 02882-3032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 26 / 2013

**Transaction ID : C8603024**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Angelo S. Rotella Esquire**

Mailing Address 4 Pond View Ct

City State Zip Code  
Smithfield RI 02917-1773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Berkshire Place Nursing Home Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2013

**Transaction ID : C8625714**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1100.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 128  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Hazen White Jr.**

Mailing Address 16 Stone Tower Ln

City State Zip Code  
Barrington RI 02806-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TACO, Inc. Chief Executive Officer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8642634**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**William A. Dombi Esquire**

Mailing Address 6401 Woodside View Dr

City State Zip Code  
Dunkirk MD 20754-2509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
National Association for Home Care and Vice President for Law

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : C8578664**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard A. Silvestri**

Mailing Address 32 Cherry Hill Rd

City State Zip Code  
Johnston RI 02919-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8600614**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 128  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur W. Coviello Jr.**

Mailing Address **PO Box 1179**  
**9 Johnson Cove Lane**

City **Wolfeboro** State **NH** Zip Code **03894-1179**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RSA** Occupation **President**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : C8584714**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gail Conca**

Mailing Address **PO Box 596**

City **Rehoboth** State **MA** Zip Code **02769-0596**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Abbott-Action, Inc.** Occupation **Chief Financial Officer**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : C8579824**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mapes D. Stamm**

Mailing Address **85 Pleasant St**

City **North Kingstown** State **RI** Zip Code **02852-5019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : C8641665**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael S. Sepe**

Mailing Address 304 Carpenter Rd

City Hope State RI Zip Code 02831-1610

FEC ID number of contributing federal political committee. **C**

Name of Employer North Eastern Tree Service Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625715**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Hazen White Jr.**

Mailing Address 16 Stone Tower Ln

City Barrington State RI Zip Code 02806-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer TACO, Inc. Occupation Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8642635**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph J. MarcAurele**

Mailing Address 130 Fox Run

City East Greenwich State RI Zip Code 02818-5100

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington Trust Occupation Chairman, President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : C8604225**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancyanne Carriuolo Ph.D.**

Mailing Address 255 Fruit Hill Ave

City North Providence State RI Zip Code 02911-2805

FEC ID number of contributing federal political committee. **C**

Name of Employer Rhode Island College Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
499.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : C8600605**

Amount of Each Receipt this Period  
99.00

**B.** Full Name (Last, First, Middle Initial)  
**Margaret Thomas**

Mailing Address 24 Briar Ln

City Kingston State RI Zip Code 02881-1408

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 29 / 2013

**Transaction ID : C8602555**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Milton H. Bronstein**

Mailing Address 34 Bennington Rd

City Cranston State RI Zip Code 02920-5637

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8590875**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

624.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Thomas Born MD**

Mailing Address 1900 Rittenhouse Sq

City Philadelphia State PA Zip Code 19103-5767

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopedics Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : C8601785**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Gizzarelli**

Mailing Address 129 Lawrence Dr

City Portsmouth State RI Zip Code 02871-4015

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : C8601895**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**David Lafferty**

Mailing Address 10 Doane St

City Cranston State RI Zip Code 02910-2417

FEC ID number of contributing federal political committee. **C**

Name of Employer Drew Estate Occupation Sales Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 16 / 2013**

**Transaction ID : C8623996**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan A. Garlick**

Mailing Address 88 University Rd

City State Zip Code  
Brookline MA 02445-4533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tufts University Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 29 / 2013

**Transaction ID : C8641106**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Vincent Mazzone**

Mailing Address 68 Leslie Rd

City State Zip Code  
Warwick RI 02888-3419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premium Poultry Company Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 06 / 2013

**Transaction ID : C8606196**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Vincent J. Mesoletta**

Mailing Address 27 Paddock Dr

City State Zip Code  
Lincoln RI 02865-4944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
REI, Inc. Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2013

**Transaction ID : C8625716**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>Salvatore Eacuello</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address 66 Cooke St		<b>Transaction ID : C8637406</b>
City Providence	State RI	
Zip Code 02906-3122		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4600.00
Name of Employer Primetime Manufacturing	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00	

Full Name (Last, First, Middle Initial) <b>Stephen L. Bennett</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1927 S St NW		<b>Transaction ID : C8579026</b>
City Washington	State DC	
Zip Code 20009-1106		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer United Cerebral Palsy	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Harold J. Wanebo MD</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 116 Poppasquash Rd		<b>Transaction ID : C8600616</b>
City Bristol	State RI	
Zip Code 02809-1003		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Roger Williams Medical Group	Occupation Chief of Surgery	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 OF 128  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeff Kincheloe**

Mailing Address 121 13th St NE  
Apt 101

City Washington State DC Zip Code 20002-6448

FEC ID number of contributing federal political committee. **C**

Name of Employer Homecare and Hospice Occupation Vice President Government Affairs

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : C8584716**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles C. Townsend**

Mailing Address 63 Alfred Drown Rd

City Barrington State RI Zip Code 02806-1854

FEC ID number of contributing federal political committee. **C**

Name of Employer Aloha Partners Occupation Executive

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : C8600606**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph A. Quattrocchi**

Mailing Address 36 Roger Williams Dr

City Greenville State RI Zip Code 02828-2632

FEC ID number of contributing federal political committee. **C**

Name of Employer Douglas Oil Company Occupation Vice President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625707**

Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John E. Savage**

Mailing Address 65 Humboldt Ave

City Providence State RI Zip Code 02906-4519

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown University Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : C8604757**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Walter W. Borginis III**

Mailing Address 3525 Caley Rd

City Newtown Square State PA Zip Code 19073-2412

FEC ID number of contributing federal political committee. **C**

Name of Employer Visiting Nurse Association of Greater Occupation Chief Financial Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : C8584717**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kurt A. Hesch**

Mailing Address 185 Morse Ave

City Groton State CT Zip Code 06340-5144

FEC ID number of contributing federal political committee. **C**

Name of Employer General Dynamics Electric Boat Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8641718**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**950.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Walter J. Manning III, Esqui**

Mailing Address 50 Anchorage Rd

City Narragansett State RI Zip Code 02882-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer Martineau and Manning P.C. Occupation Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625708**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lisa M. Gemma**

Mailing Address 58 Begonia Dr

City Cranston State RI Zip Code 02920-5814

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625718**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Donald Nokes**

Mailing Address 41 Elm St

City Rehoboth State MA Zip Code 02769-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer NetCenergy Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8642148**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**700.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William G. Cioffi Jr., MD**

Mailing Address 25 Westfield Dr

City East Greenwich State RI Zip Code 02818-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer University Surgical Associates Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8642188**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**A. Vincent Iglozzi**

Mailing Address 25 Legion Memorial Dr

City Providence State RI Zip Code 02909-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : C8600608**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen M. Brusini Esquire**

Mailing Address 105 Maplewood Dr

City East Greenwich State RI Zip Code 02818-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer Orson and Brusini Ltd Occupation Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8600618**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick C. Barry Esquire**

Mailing Address 49 Highland Rd

City Bristol State RI Zip Code 02809-1443

FEC ID number of contributing federal political committee. **C**

Name of Employer Morowitz and Barry Occupation Attorney at Law

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8606189**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott E. DePasquale**

Mailing Address 82 Cindyann Dr

City East Greenwich State RI Zip Code 02818-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Utilidata Occupation Energy

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8641479**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**June C. Langevin**

Mailing Address 318 Columbia Ave

City Warwick State RI Zip Code 02888-3659

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625709**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

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(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Beverly C. Walters MD**

Mailing Address 48 N Court St  
Unit 3

City Providence State RI Zip Code 02903-1217

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Neurosurgeon and Clinical Epidemiologi

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8642029**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Judith Aaron**

Mailing Address 715 Elmgrove Ave

City Providence State RI Zip Code 02906-4922

FEC ID number of contributing federal political committee. **C**

Name of Employer University Orthopedics, Inc. Occupation Librarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625719**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Peter D. Kiernan III**

Mailing Address 428 Round Hill Rd

City Greenwich State CT Zip Code 06831-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Kiernan Ventures LLC Occupation Venture Capital

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8642389**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy A. Lieberman Esquire**

Mailing Address 435 E 52nd St  
Apt 10D

City State Zip Code  
New York NY 10022-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skadden Arps Slate Meagher and Flom LL Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : C8642899**

Amount of Each Receipt this Period  
1900.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger P. Boudreau**

Mailing Address 211 Oakwoods Dr

City State Zip Code  
Wakefield RI 02879-2513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Institute for Labor Studies and Resear Development Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2013

**Transaction ID : C8584719**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Thomas**

Mailing Address 24 Briar Ln

City State Zip Code  
Kingston RI 02881-1408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 30 / 2013

**Transaction ID : C8657958A**

Amount of Each Receipt this Period  
30.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

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

2180.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 128
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
91.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8657958AB**

Amount of Each Receipt this Period  
30.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Carl Weinberg and Company, LLP**

Mailing Address 300 Centerville Rd  
Ste 350W

City Warwick State RI Zip Code 02886-0217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : C8600611**

Amount of Each Receipt this Period  
500.00

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Carl Weinberg**

Mailing Address 100 Beechwood Dr

City Cranston State RI Zip Code 02921-3314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carl Weinberg and Company, LLP Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8600612**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

**SUBTOTAL** of Receipts This Page (optional).....

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

500.00

47979.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : C8606200**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)**

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : C8603020**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Ave NW  
Suite 500 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : C8603570**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 33 OF 128  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS CO**

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : C8562830**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (A.K.A. BAYADA U.S. PAC)**

Mailing Address 290 Chester Ave

City Moorestown State NJ Zip Code 08057-3306

FEC ID number of contributing federal political committee. **C C00485433**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2013

**Transaction ID : C8600610**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Laborers' Political League**

Mailing Address 905 16th St NW  
 FI 2

City Washington State DC Zip Code 20006-1703

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013

**Transaction ID : C8584720**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 8000.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 OF 128  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Human Rights Campaign Fund PAC**

Mailing Address 919 18th St NW  
Ste 800

City Washington State DC Zip Code 20006-5509

FEC ID number of contributing federal political committee. **C C00235853**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 20 / 2013

**Transaction ID : C8601040**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**EMP PAC**

Mailing Address 4535 DRESSLER ROAD NW

City CANTON State OH Zip Code 44718

FEC ID number of contributing federal political committee. **C C00544957**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : C8625701**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS CO**

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 08 / 2013

**Transaction ID : C8562831**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PAC**

Mailing Address 5000 W Side Ave  
Ste 100

City North Bergen State NJ Zip Code 07047-6439

FEC ID number of contributing federal political committee. **C C00158576**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : C8642631**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC GOOD GOVERNMENT CLUB**

Mailing Address 1300 I St NW  
Ste 400 West

City Washington State DC Zip Code 20005-3306

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : C8601041**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : C8639351**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A. AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 8515 Georgia Ave  
Ste 400

City State Zip Code  
Silver Spring MD 20910-3492

FEC ID number of contributing federal political committee. **C C00017525**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : C8625702**

Amount of Each Receipt this Period  
500.00

**B. COX ENTERPRISES PAC (COXPAC) INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address 975 F St NW  
Ste 300

City State Zip Code  
Washington DC 20004-1459

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2013

**Transaction ID : C8625722**

Amount of Each Receipt this Period  
300.00

**C. VEN-PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 83142

City State Zip Code  
Gaithersburg MD 20883-3142

FEC ID number of contributing federal political committee. **C C00369660**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 20 / 2013

**Transaction ID : C8601042**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Postal Supervisors PAC**

Mailing Address 1727 King St  
Ste 400

City Alexandria State VA Zip Code 22314-2700

FEC ID number of contributing federal political committee. **C** C00092957

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 10 / 2013

**Transaction ID : C8562823**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**REAL ESTATE ROUNDTABLE POLITICAL ACTION COMMITTEE (REALPAC)**

Mailing Address 801 PENNSYLVANIA AVENUE  
SUITE 720

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : C8603023**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE, INC.**

Mailing Address 3327 WEST BEARSS AVENUE

City TAMPA State FL Zip Code 33618

FEC ID number of contributing federal political committee. **C** C00542555

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 13 / 2013

**Transaction ID : C8625703**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION-COPE**

Mailing Address 5025 Wisconsin Ave NW

City Washington State DC Zip Code 20016-4121

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 10 / 2013

**Transaction ID : C8625723**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES' PAC**

Mailing Address 1550 Crystal Dr Ste 300

City Arlington State VA Zip Code 22202-4135

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : C8562833**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION**

Mailing Address 8 HERBERT STREET

City ALEXANDRIA State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 18 / 2013

**Transaction ID : C8584713**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OCEANS PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431601

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2013

**Transaction ID : C8639353**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 11 / 2013

**Transaction ID : C8600604**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**STRENGTHEN AMERICA PAC**

Mailing Address C/O HEMENWAY & BARNES LLP  
60 STATE STREET

City BOSTON State MA Zip Code 02109

FEC ID number of contributing federal political committee. **C** C00488189

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 23 / 2013

**Transaction ID : C8639354**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

6500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC**

Mailing Address 777 6th St NW  
Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : C8601044**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN**

Mailing Address 753 State Ave  
Ste 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : C8601045**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS**

Mailing Address 222 S Prospect Ave

City Park Ridge State IL Zip Code 60068-4037

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : C8603025**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A. NATIONAL GRID USA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 40 Sylvan Rd  
1st Floor East

City Waltham State MA Zip Code 02451-1120

FEC ID number of contributing federal political committee. **C** C00048702

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : C8637405**

Amount of Each Receipt this Period  
 500.00

**B. Sheehan for State Senate Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 40 Blueberry Ln

City North Kingstown State RI Zip Code 02852-1950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013

**Transaction ID : C8562835**

Amount of Each Receipt this Period  
 50.00

Funds permitted under the act.

**C. BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN PAC FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 1370 ONTARIO ST

City CLEVELAND State OH Zip Code 44113

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2013

**Transaction ID : C8584715**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3050.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 42 OF 128  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)**

Mailing Address 300 M St SE  
Ste 350

City Washington State DC Zip Code 20003-3436

FEC ID number of contributing federal political committee. **C C00325092**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 26 / 2013

**Transaction ID : C8641296**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)**

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 10 / 2013

**Transaction ID : C8625706**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**HUNTINGTON INGALLS INDUSTRIES POLITICAL ACTION COMMITTEE (SHIPPAC)**

Mailing Address 300 M St SE  
Ste 350

City Washington State DC Zip Code 20003-3436

FEC ID number of contributing federal political committee. **C C00325092**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 26 / 2013

**Transaction ID : C8641297**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 43 OF 128  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Fire Sprinkler Association Inc. PAC**

Mailing Address 40 Jon Barrett Rd

City Patterson State NY Zip Code 12563-2164

FEC ID number of contributing federal political committee. **C** C00413161

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : C8601037**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Private Care Association PAC**

Mailing Address 4700 NW Boca Raton Blvd  
FI 4

City Boca Raton State FL Zip Code 33431-4878

FEC ID number of contributing federal political committee. **C** C00498154

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : C8601047**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Build Political Action Committee**

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : C8606198**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY AND MUNICIPAL**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : C8637408**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SPACE EXPLORATION TECHNOLOGIES CORPORATION PAC**

Mailing Address 1030 15TH STREET, NW  
SUITE 220 E

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : C8603019**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Homecare and Hospice PAC**

Mailing Address 4130 Whitney Ave

City Hamden State CT Zip Code 06518-1214

FEC ID number of contributing federal political committee. **C** C00431981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : C8603569**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

7000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 45 OF 128  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TEXTRON INC POLITICAL ACTION COMMITTEE**

Mailing Address 40 Westminster St

City Providence State RI Zip Code 02903-2525

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2013

**Transaction ID : C8637409**

Amount of Each Receipt this Period  
1000.00

3000.00

**B.** Full Name (Last, First, Middle Initial)  
**Digitalglobe PAC, INC**

Mailing Address 1601 Dry Creek Dr Ste 260

City Longmont State CO Zip Code 80503-6503

FEC ID number of contributing federal political committee. **C** C00370585

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 10 / 2013

**Transaction ID : C8562819**

Amount of Each Receipt this Period  
2000.00

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION**

Mailing Address 1 Madison Ave

City New York State NY Zip Code 10010-3603

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 06 / 2013

**Transaction ID : C8606199**

Amount of Each Receipt this Period  
1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1299 Pennsylvania Ave NW  
Ste 1100

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013

**Transaction ID : C8601039**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

59950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James R. Langevin**

Mailing Address 1270 Ives Rd

City East Greenwich State RI Zip Code 02818-4612

FEC ID number of contributing federal political committee. **C** C00344697

Name of Employer U.S. House of Representatives Occupation Member of Congress

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 724.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : C8658095**

Amount of Each Receipt this Period  
 98.37

**B.** Full Name (Last, First, Middle Initial)  
**James R. Langevin**

Mailing Address 1270 Ives Rd

City East Greenwich State RI Zip Code 02818-4612

FEC ID number of contributing federal political committee. **C** C00344697

Name of Employer U.S. House of Representatives Occupation Member of Congress

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 724.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : C8658096**

Amount of Each Receipt this Period  
 236.17

**C.** Full Name (Last, First, Middle Initial)  
**Blue Cross Blue Shield of Rhode Island**

Mailing Address 500 Exchange St

City Providence State RI Zip Code 02903-2629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 772.71

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8678387**

Amount of Each Receipt this Period  
 772.71

Original disbursement check was never cashed due to Duplicate Payment 9/21/2010

**SUBTOTAL** of Receipts This Page (optional).....

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

1107.25

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James R. Langevin**

Mailing Address 1270 Ives Rd

City East Greenwich State RI Zip Code 02818-4612

FEC ID number of contributing federal political committee. **C** C00344697

Name of Employer U.S. House of Representatives Occupation Member of Congress

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 724.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : C8658097**

Amount of Each Receipt this Period  
 46.33

**B.** Full Name (Last, First, Middle Initial)  
**Mother Of Life Center**

Mailing Address 400 Atwells Ave

City Providence State RI Zip Code 02909-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8678388**

Amount of Each Receipt this Period  
 1000.00

Uncashed non-profit donation 5/5/2010

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

1046.33

2153.58



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Home Loan and Investment Bank**

Mailing Address 1 Home Loan Plz

City Warwick State RI Zip Code 02886-1764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **549.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : C8663830**

Amount of Each Receipt this Period  
**43.75**

**B.** Full Name (Last, First, Middle Initial)  
**Coastway Community Bank**

Mailing Address 1 Coastway Plz

City Cranston State RI Zip Code 02910-3247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8663831**

Amount of Each Receipt this Period  
**42.83**

**C.** Full Name (Last, First, Middle Initial)  
**Home Loan and Investment Bank**

Mailing Address 1 Home Loan Plz

City Warwick State RI Zip Code 02886-1764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **549.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2013

**Transaction ID : C8663052**

Amount of Each Receipt this Period  
**43.71**

**SUBTOTAL** of Receipts This Page (optional).....

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

**130.29**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 128
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Home Loan and Investment Bank**

Mailing Address 1 Home Loan Plz

City State Zip Code  
Warwick RI 02886-1764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
549.14

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2013

**Transaction ID : C8663053**

Amount of Each Receipt this Period  
42.32

**B.** Full Name (Last, First, Middle Initial)  
**Coastway Community Bank**

Mailing Address 1 Coastway Plz

City State Zip Code  
Cranston RI 02910-3247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : C8663054**

Amount of Each Receipt this Period  
38.00

**C.** Full Name (Last, First, Middle Initial)  
**Coastway Community Bank**

Mailing Address 1 Coastway Plz

City State Zip Code  
Cranston RI 02910-3247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 30 / 2013

**Transaction ID : C8663055**

Amount of Each Receipt this Period  
41.43

**SUBTOTAL** of Receipts This Page (optional).....

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

121.75

252.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 2.21 <b>Transaction ID : D443230</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Blue Cross Blue Shield of Rhode Island</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 500 Exchange St		Amount of Each Disbursement this Period 836.88 <b>Transaction ID : D443240</b>
City Providence	State RI	
Zip Code 02903-2629	Purpose of Disbursement Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.31 <b>Transaction ID : D443250</b>
City North Smithfield	State RI	
Zip Code 02896-7519	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1487.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 25.10
City Boca Raton	State FL	
Zip Code 33432-1808	Purpose of Disbursement Fee	<b>Transaction ID : D443270</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.89
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	<b>Transaction ID : D443280</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.89
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	<b>Transaction ID : D443290</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	172.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38
City Cranston State RI Zip Code 02921-1354	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : D443310
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.11
City Arlington State VA Zip Code 22202-5119	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : D443320
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 152.88
City Washington State DC Zip Code 20003-4006	Purpose of Disbursement Food and Beverage	
Candidate Name	Category/Type	Transaction ID : D443330
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	312.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 10.53 <b>Transaction ID : D443340</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.16 <b>Transaction ID : D443350</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.36 <b>Transaction ID : D443360</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	131.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.79 <b>Transaction ID : D443370</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 487.03 <b>Transaction ID : D443890</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.21 <b>Transaction ID : D443900</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1101.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Knight Street Holdings</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 181 Knight St		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D443300</b>
City Warwick	State RI	
Zip Code 02886-1296	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO Box 28007		Amount of Each Disbursement this Period 230.81 <b>Transaction ID : D443380</b>
City Lehigh Valley	State PA	
Zip Code 18002-8007	Purpose of Disbursement Telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.16 <b>Transaction ID : D443231</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	930.97
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2013</b>
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period <b>648.30</b> Transaction ID : <b>D443251</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 19 / 2013</b>
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period <b>648.31</b> Transaction ID : <b>D443261</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2013</b>
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period <b>152.25</b> Transaction ID : <b>D443271</b>
City Boca Raton	State FL Zip Code 33432-1808	
Purpose of Disbursement Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1448.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.88 <b>Transaction ID : D443281</b>
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.88 <b>Transaction ID : D443291</b>
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Knight Street Holdings</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 181 Knight St		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D443301</b>
City Warwick	State RI	
Zip Code 02886-1296	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	847.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 879.39 <b>Transaction ID : D443311</b>
City Cranston State RI Zip Code 02921-1354	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443321</b>
City Arlington State VA Zip Code 22202-5119	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 680.00 <b>Transaction ID : D443331</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Computer Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	839.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.36 <b>Transaction ID : D443341</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35 <b>Transaction ID : D443361</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.78 <b>Transaction ID : D443371</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	247.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2013</b>
Mailing Address <b>399 Bald Hill Rd</b>		Amount of Each Disbursement this Period <b>238.70</b>
City <b>Warwick</b>	State <b>RI</b>	
Zip Code <b>02886-1634</b>	Purpose of Disbursement <b>Telephone</b>	<b>Transaction ID : D443381</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2013</b>
Mailing Address <b>PO Box 9665</b>		Amount of Each Disbursement this Period <b>436.19</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02940-9665</b>	Purpose of Disbursement <b>Payroll Taxes</b>	<b>Transaction ID : D443891</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2013</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>9.35</b>
City <b>Riverside</b>	State <b>RI</b>	
Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Workers Compensation Insurance</b>	<b>Transaction ID : D443351</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>684.24</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.21 <b>Transaction ID : D443892</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.14 <b>Transaction ID : D443232</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.31 <b>Transaction ID : D443252</b>
City North Smithfield	State RI	
Zip Code 02896-7519	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1084.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.30 <b>Transaction ID : D443262</b>
City North Smithfield	State RI	
Zip Code 02896-7519	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 51.88 <b>Transaction ID : D443272</b>
City Boca Raton	State FL	
Zip Code 33432-1808	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.89 <b>Transaction ID : D443282</b>
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	774.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38 <b>Transaction ID : D443302</b>
City Cranston State RI Zip Code 02921-1354	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38 <b>Transaction ID : D443312</b>
City Cranston State RI Zip Code 02921-1354	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : D443332</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Computer Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	173.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 6.96
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Transaction ID : D443342
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.36
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Transaction ID : D443352
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.77
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Transaction ID : D443362
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	245.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.79 <b>Transaction ID : D443372</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 145.13 <b>Transaction ID : D443382</b>
City Warwick	State RI	
Zip Code 02886-1634	Purpose of Disbursement Telephone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.18 <b>Transaction ID : D443902</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	759.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.11
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Transaction ID : D443322
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.30
City North Smithfield	State RI	
Zip Code 02896-7519	Purpose of Disbursement Payroll	Transaction ID : D443253
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 9.70
City Boca Raton	State FL	
Zip Code 33432-1808	Purpose of Disbursement Fee	Transaction ID : D443273
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	738.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel B. Gillis III</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013		
Mailing Address 74 Aberdeen Ave			Amount of Each Disbursement this Period 73.88		
City Warwick	State RI	Zip Code 02888-4214	Transaction ID : D443283		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel J. Larson</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013		
Mailing Address 16 Sweet Fern Dr			Amount of Each Disbursement this Period 79.39		
City Cranston	State RI	Zip Code 02921-1354	Transaction ID : D443303		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel J. Larson</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013		
Mailing Address 16 Sweet Fern Dr			Amount of Each Disbursement this Period 79.39		
City Cranston	State RI	Zip Code 02921-1354	Transaction ID : D443313		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	232.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443323</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 680.00 <b>Transaction ID : D443333</b>
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Computer Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.65 <b>Transaction ID : D443343</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	769.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Transaction ID : D443353
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.78
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Transaction ID : D443363
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Coval Kenneth Wild</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 3376 W Shore Rd		Amount of Each Disbursement this Period 1500.00
City Warwick	State RI	
Zip Code 02886-7549	Purpose of Disbursement Finance and Political Consulting	Transaction ID : D443383
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1687.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 1.19 <b>Transaction ID : D443633</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.78 <b>Transaction ID : D443373</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Clean Water Action</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 741 Westminster St		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : D443244</b>
City Providence	State RI	
Zip Code 02903-4062	Purpose of Disbursement Advertisement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	303.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.30 <b>Transaction ID : D443254</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Diamond Star Media</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 190 Broad St Suite 1 East		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D443264</b>
City Providence	State RI Zip Code 02903-4077	
Purpose of Disbursement Computer Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 57.57 <b>Transaction ID : D443274</b>
City Boca Raton	State FL Zip Code 33432-1808	
Purpose of Disbursement Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	955.87
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.89 <b>Transaction ID : D443284</b>
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38 <b>Transaction ID : D443304</b>
City Cranston	State RI	
Zip Code 02921-1354	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.11 <b>Transaction ID : D443324</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	233.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 680.00 <b>Transaction ID : D443334</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Computer Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.36 <b>Transaction ID : D443344</b>
City Riverside State RI Zip Code 02915-1507	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 73.16 <b>Transaction ID : D443354</b>
City Riverside State RI Zip Code 02915-1507	Purpose of Disbursement Payroll Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	813.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.79 <b>Transaction ID : D443364</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.78 <b>Transaction ID : D443374</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Coval Kenneth Wild</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 3376 W Shore Rd		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D443384</b>
City Warwick	State RI	
Zip Code 02886-7549	Purpose of Disbursement Finance and Political Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1855.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.18 <b>Transaction ID : D443894</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.22 <b>Transaction ID : D443904</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38 <b>Transaction ID : D443314</b>
City Cranston	State RI	
Zip Code 02921-1354	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	951.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Cynthia Cooper</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address PO Box 650		Amount of Each Disbursement this Period 973.00 <b>Transaction ID : D443245</b>
City Chepachet	State RI	
Purpose of Disbursement Cleaning Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.30 <b>Transaction ID : D443255</b>
City North Smithfield	State RI	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Diamond Star Media</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 190 Broad St Suite 1 East		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D443265</b>
City Providence	State RI	
Purpose of Disbursement Computer Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	973.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 106.01 <b>Transaction ID : D443275</b>
City Boca Raton State FL Zip Code 33432-1808	Purpose of Disbursement Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Greenwood Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 2669 Post Rd		Amount of Each Disbursement this Period 121.65 <b>Transaction ID : D443295</b>
City Warwick State RI Zip Code 02886-3039	Purpose of Disbursement Interest payment to bank for Loan. See Schedule C.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.39 <b>Transaction ID : D443305</b>
City Cranston State RI Zip Code 02921-1354	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443315</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443325</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 68.01 <b>Transaction ID : D443335</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	228.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 6.02 <b>Transaction ID : D443345</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35 <b>Transaction ID : D443355</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.78 <b>Transaction ID : D443365</b>
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	193.15
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Jennifer Stoddard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 54 Spooner St		Amount of Each Disbursement this Period 2113.68 <b>Transaction ID : D443375</b>
City Providence	State RI Zip Code 02907-3734	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Coval Kenneth Wild</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 3376 W Shore Rd		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : D443385</b>
City Warwick	State RI Zip Code 02886-7549	
Purpose of Disbursement Finance and Political Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.22 <b>Transaction ID : D443895</b>
City Providence	State RI Zip Code 02940-9665	
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2113.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel B. Gillis III</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013		
Mailing Address 74 Aberdeen Ave			Amount of Each Disbursement this Period 73.88		
City Warwick	State RI	Zip Code 02888-4214	Transaction ID : D443285		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Amica</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013		
Mailing Address 100 Amica Way			Amount of Each Disbursement this Period 150.10		
City Lincoln	State RI	Zip Code 02865-1156	Transaction ID : D443236		
Purpose of Disbursement Auto Insurance		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013		
Mailing Address 9 James P Murphy Ind Hwy			Amount of Each Disbursement this Period 75.99		
City West Warwick	State RI	Zip Code 02893-2381	Transaction ID : D443246		
Purpose of Disbursement Internet Services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	299.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Diamond Star Media</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 190 Broad St Suite 1 East		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D443266</b>
City Providence	State RI Zip Code 02903-4077	
Purpose of Disbursement Computer Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GE Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address PO Box 41564		Amount of Each Disbursement this Period 41.49 <b>Transaction ID : D443276</b>
City Philadelphia	State PA Zip Code 19101-1564	
Purpose of Disbursement Lease	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.89 <b>Transaction ID : D443286</b>
City Warwick	State RI Zip Code 02888-4214	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	365.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greenwood Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 2669 Post Rd		Amount of Each Disbursement this Period 119.93 <b>Transaction ID : D443296</b>
City Warwick	State RI	
Purpose of Disbursement Interest payment to bank for Loan. See Schedule C.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38 <b>Transaction ID : D443306</b>
City Cranston	State RI	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.11 <b>Transaction ID : D443316</b>
City Arlington	State VA	
Purpose of Disbursement Payroll		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	279.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.11 <b>Transaction ID : D443326</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 73.16 <b>Transaction ID : D443346</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.16 <b>Transaction ID : D443356</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	213.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 128		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2013</b>
Mailing Address <b>192 S Spruce St</b>		Amount of Each Disbursement this Period <b>177.78</b> <b>Transaction ID : D443366</b>
City <b>East Providence</b>	State <b>RI</b>	
Zip Code <b>02914-2909</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer Stoddard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2013</b>
Mailing Address <b>54 Spooner St</b>		Amount of Each Disbursement this Period <b>177.68</b> <b>Transaction ID : D443376</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02907-3734</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>c. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 21 / 2013</b>
Mailing Address <b>PO Box 9665</b>		Amount of Each Disbursement this Period <b>436.20</b> <b>Transaction ID : D443896</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02940-9665</b>	Purpose of Disbursement <b>Payroll Taxes</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>791.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael R. DeAngelis</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013	
Mailing Address 15 Greenville Rd			Amount of Each Disbursement this Period 648.30	
City North Smithfield	State RI	Zip Code 02896-7519	Transaction ID : D443256	
Purpose of Disbursement Payroll		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013	
Mailing Address 501 Wampanoag Trl			Amount of Each Disbursement this Period 10.53	
City Riverside	State RI	Zip Code 02915-1507	Transaction ID : D443336	
Purpose of Disbursement Workers Compensation Insurance		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel J. Larson</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013	
Mailing Address 16 Sweet Fern Dr			Amount of Each Disbursement this Period 79.39	
City Cranston	State RI	Zip Code 02921-1354	Transaction ID : D443307	
Purpose of Disbursement Payroll		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	738.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 128		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amica</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 100 Amica Way		Amount of Each Disbursement this Period 874.40 <b>Transaction ID : D443237</b>
City Lincoln	State RI Zip Code 02865-1156	
Purpose of Disbursement Auto Insurance	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 9 James P Murphy Ind Hwy		Amount of Each Disbursement this Period 75.99 <b>Transaction ID : D443247</b>
City West Warwick	State RI Zip Code 02893-2381	
Purpose of Disbursement Internet Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.31 <b>Transaction ID : D443257</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	874.40
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 55.22
City Boca Raton	State FL	
Zip Code 33432-1808	Purpose of Disbursement Fee	Transaction ID : D443267
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GE Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO Box 41564		Amount of Each Disbursement this Period 41.49
City Philadelphia	State PA	
Zip Code 19101-1564	Purpose of Disbursement Lease	Transaction ID : D443277
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.88
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Transaction ID : D443287
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	170.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greenwood Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 2669 Post Rd		Amount of Each Disbursement this Period 118.19 <b>Transaction ID : D443297</b>
City Warwick	State RI	
Zip Code 02886-3039	Purpose of Disbursement Interest payment to bank for Loan. See Schedule C.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443317</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443327</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	278.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 66.66
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Transaction ID : D443337
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Transaction ID : D443347
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Transaction ID : D443357
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.79
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Transaction ID : D443367
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Nancy Toupin</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 162 Paris Irons Rd		Amount of Each Disbursement this Period 75.00
City Chepachet	State RI	
Zip Code 02814-2133	Purpose of Disbursement Cleaning Services	Transaction ID : D443377
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Blue Cross Blue Shield of Rhode Island</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 500 Exchange St		Amount of Each Disbursement this Period 836.88
City Providence	State RI	
Zip Code 02903-2629	Purpose of Disbursement Insurance	Transaction ID : D443238
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1089.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2013</b>
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period <b>648.30</b> <b>Transaction ID : D443248</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 05 / 2013</b>
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period <b>648.30</b> <b>Transaction ID : D443258</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2013</b>
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period <b>89.51</b> <b>Transaction ID : D443268</b>
City Boca Raton	State FL Zip Code 33432-1808	
Purpose of Disbursement Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1386.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.89 <b>Transaction ID : D443288</b>
City Warwick	State RI	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JB Foley Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 1469 Broad St		Amount of Each Disbursement this Period 2200.00 <b>Transaction ID : D443298</b>
City Providence	State RI	
Purpose of Disbursement Printing	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.38 <b>Transaction ID : D443308</b>
City Cranston	State RI	
Purpose of Disbursement Payroll	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2353.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.11 <b>Transaction ID : D443318</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.65 <b>Transaction ID : D443338</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.16 <b>Transaction ID : D443348</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	149.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 128			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2013</b>
Mailing Address <b>192 S Spruce St</b>		Amount of Each Disbursement this Period <b>177.78</b>
City <b>East Providence</b>	State <b>RI</b>	
Zip Code <b>02914-2909</b>	Purpose of Disbursement <b>Payroll</b>	<b>Transaction ID : D443368</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Way of Rhode Island</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2013</b>
Mailing Address <b>50 Valley St</b>		Amount of Each Disbursement this Period <b>31820.00</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02909-2459</b>	Purpose of Disbursement <b>Charitable Donation</b>	<b>Transaction ID : D443378</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 03 / 2013</b>
Mailing Address <b>PO Box 9665</b>		Amount of Each Disbursement this Period <b>487.05</b>
City <b>Providence</b>	State <b>RI</b>	
Zip Code <b>02940-9665</b>	Purpose of Disbursement <b>Payroll Taxes</b>	<b>Transaction ID : D443888</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>32484.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.20 <b>Transaction ID : D443898</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. GE Capital</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address PO Box 41564		Amount of Each Disbursement this Period 41.49 <b>Transaction ID : D443278</b>
City Philadelphia	State PA	
Zip Code 19101-1564	Purpose of Disbursement Lease	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 60.16 <b>Transaction ID : D443358</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	537.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Accurate Word</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address PO Box 1765 White Plains Lane		Amount of Each Disbursement this Period 296.95 <b>Transaction ID : D443229</b>
City White Plains	State MD	
Zip Code 20695-1765	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Blue Cross Blue Shield of Rhode Island</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 500 Exchange St		Amount of Each Disbursement this Period 836.88 <b>Transaction ID : D443239</b>
City Providence	State RI	
Zip Code 02903-2629	Purpose of Disbursement Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 24.70 <b>Transaction ID : D443249</b>
City North Smithfield	State RI	
Zip Code 02896-7519	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1158.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 128		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael R. DeAngelis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 15 Greenville Rd		Amount of Each Disbursement this Period 648.30 <b>Transaction ID : D443259</b>
City North Smithfield	State RI Zip Code 02896-7519	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Bank Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1700 N Dixie Hwy Ste 125		Amount of Each Disbursement this Period 9.90 <b>Transaction ID : D443269</b>
City Boca Raton	State FL Zip Code 33432-1808	
Purpose of Disbursement Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.88 <b>Transaction ID : D443279</b>
City Warwick	State RI Zip Code 02888-4214	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	732.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel B. Gillis III</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 74 Aberdeen Ave		Amount of Each Disbursement this Period 73.88 <b>Transaction ID : D443289</b>
City Warwick	State RI	
Zip Code 02888-4214	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Knight Street Holdings</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 181 Knight St		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D443299</b>
City Warwick	State RI	
Zip Code 02886-1296	Purpose of Disbursement Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel J. Larson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 16 Sweet Fern Dr		Amount of Each Disbursement this Period 79.39 <b>Transaction ID : D443309</b>
City Cranston	State RI	
Zip Code 02921-1354	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	853.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erik J. Lesnewsky</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 1600 S Joyce St Apt 905		Amount of Each Disbursement this Period 80.10 <b>Transaction ID : D443319</b>
City Arlington	State VA	
Zip Code 22202-5119	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 63.62 <b>Transaction ID : D443339</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35 <b>Transaction ID : D443349</b>
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	153.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 9.35
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Workers Compensation Insurance	Transaction ID : D443359
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Valerie Roberts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 192 S Spruce St		Amount of Each Disbursement this Period 177.77
City East Providence	State RI	
Zip Code 02914-2909	Purpose of Disbursement Payroll	Transaction ID : D443369
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address PO Box 28007		Amount of Each Disbursement this Period 229.62
City Lehigh Valley	State PA	
Zip Code 18002-8007	Purpose of Disbursement Telephone	Transaction ID : D443379
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	416.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.18 <b>Transaction ID : D443889</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2013
Mailing Address PO Box 9665		Amount of Each Disbursement this Period 436.19 <b>Transaction ID : D443899</b>
City Providence	State RI	
Zip Code 02940-9665	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 132.88 <b>Transaction ID : D443329</b>
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement Food and Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1005.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 458.73
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment	Transaction ID : D443233
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New England Car Wash</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2013
Mailing Address 5770 Post Rd		Amount of Each Disbursement this Period 17.00
City East Greenwich	State RI	
Zip Code 02818-2139	Purpose of Disbursement Fuel	Transaction ID : D443450
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 29.00
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443460
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	458.73
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 23.00
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443461
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tony Cheng's Mongolian Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address 619 H St NW		Amount of Each Disbursement this Period 70.35
City Washington	State DC	
Zip Code 20001-3731	Purpose of Disbursement Food and Beverage	Transaction ID : D443462
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2013
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 48.98
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	Transaction ID : D443453
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cumberland Farms</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2013
Mailing Address 5687 Post Rd		Amount of Each Disbursement this Period 35.50
City East Greenwich	State RI	
Zip Code 02818-3441	Purpose of Disbursement Fuel	Transaction ID : D443454 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New England Car Wash</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013
Mailing Address 5770 Post Rd		Amount of Each Disbursement this Period 17.00
City East Greenwich	State RI	
Zip Code 02818-2139	Purpose of Disbursement Fuel	Transaction ID : D443455 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 46.75
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443456 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. New England Car Wash</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 5770 Post Rd		Amount of Each Disbursement this Period 19.00
City East Greenwich	State RI	
Zip Code 02818-2139	Purpose of Disbursement Fuel	Transaction ID : D443459
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 1167.86
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment	Transaction ID : D443234
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Matchbox Capitol Hill Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013
Mailing Address 521 8th St SE		Amount of Each Disbursement this Period 114.60
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Food and Beverage	Transaction ID : D443464
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1167.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cumberland Farms</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2013
Mailing Address 5687 Post Rd		Amount of Each Disbursement this Period 41.22
City East Greenwich	State RI	
Zip Code 02818-3441	Purpose of Disbursement Fuel	Transaction ID : D443465 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Trattoria Alberto of Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013
Mailing Address 506 8th St SE		Amount of Each Disbursement this Period 101.55
City Washington	State DC	
Zip Code 20003-2834	Purpose of Disbursement Food and Beverage	Transaction ID : D443475 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2013
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 567.07
City Warwick	State RI	
Zip Code 02886-1634	Purpose of Disbursement Telephone	Transaction ID : D443466 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 25.00
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443476 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cumberland Farms</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2013
Mailing Address 5687 Post Rd		Amount of Each Disbursement this Period 30.64
City East Greenwich	State RI	
Zip Code 02818-3441	Purpose of Disbursement Fuel	Transaction ID : D443467 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2013
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 42.78
City Warwick	State RI	
Zip Code 02886-1634	Purpose of Disbursement Telephone	Transaction ID : D443469 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 795.31
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment	Transaction ID : D443235
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 27.00
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443481
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. 701 Pennsylvania Avenue Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 701 Pennsylvania Ave NW		Amount of Each Disbursement this Period 47.05
City Washington	State DC	
Zip Code 20004-2608	Purpose of Disbursement Food and Beverage	Transaction ID : D443491
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	795.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. New England Car Wash</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 5770 Post Rd		Amount of Each Disbursement this Period 19.00
City East Greenwich	State RI	
Zip Code 02818-2139	Purpose of Disbursement Fuel	Transaction ID : D443501
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 38.40
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443482
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 30.00
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443483
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 30.04
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 17.36
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cumberland Farms</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2013
Mailing Address 5687 Post Rd		Amount of Each Disbursement this Period 40.00
City East Greenwich	State RI	
Zip Code 02818-3441	Purpose of Disbursement Fuel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2013
Mailing Address 1401 Bald Hill Rd		Amount of Each Disbursement this Period 160.49
City Warwick	State RI	
Zip Code 02886-4240	Purpose of Disbursement Office Supplies	Transaction ID : D443485
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 28.00
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443495
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Eleven Forty Nine Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 1149 Division Rd		Amount of Each Disbursement this Period 64.73
City East Greenwich	State RI	
Zip Code 02818-2050	Purpose of Disbursement Food and Beverage	Transaction ID : D443486
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 45.01
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Food and Beverage	Transaction ID : D443506
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital One</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address PO Box 30285		Amount of Each Disbursement this Period 2350.60
City Salt Lake City	State UT	
Zip Code 84130-0285	Purpose of Disbursement Credit Card Payment	Transaction ID : D443241
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aramark</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address Fenway 4 Yawkey Way		Amount of Each Disbursement this Period 1681.88
City Boston	State MA	
Zip Code 02115-5798	Purpose of Disbursement Food and Beverage	Transaction ID : D443521
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2350.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 9.13
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage	Transaction ID : D443522 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cafe Nuovo</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 1 Citizens Plz		Amount of Each Disbursement this Period 80.00
City Providence	State RI	
Zip Code 02903-1338	Purpose of Disbursement Food and Beverage	Transaction ID : D443532 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address 1401 Bald Hill Rd		Amount of Each Disbursement this Period -42.79
City Warwick	State RI	
Zip Code 02886-4240	Purpose of Disbursement Supplies	Transaction ID : D443512 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 8.28
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage	Transaction ID : D443523
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address 1401 Bald Hill Rd		Amount of Each Disbursement this Period -42.79
City Warwick	State RI	
Zip Code 02886-4240	Purpose of Disbursement Office Supplies	Transaction ID : D443514
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Eleven Forty Nine Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 1149 Division Rd		Amount of Each Disbursement this Period 85.00
City East Greenwich	State RI	
Zip Code 02818-2050	Purpose of Disbursement Food and Beverage	Transaction ID : D443534
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fairmont Battery Wharf</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2013
Mailing Address 3 Battery Wharf		Amount of Each Disbursement this Period -349.08
City Boston	State MA	
Zip Code 02109-1098	Purpose of Disbursement Travel	Transaction ID : D443516 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 2425 Wyman St		Amount of Each Disbursement this Period 325.80
City Dallas	State TX	
Zip Code 75235-2501	Purpose of Disbursement Travel	Transaction ID : D443517 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013
Mailing Address 671 Main St		Amount of Each Disbursement this Period 27.16
City East Greenwich	State RI	
Zip Code 02818-3615	Purpose of Disbursement Fuel	Transaction ID : D443527 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 2425 Wyman St		Amount of Each Disbursement this Period 325.80
City Dallas	State TX	
Zip Code 75235-2501	Purpose of Disbursement Travel	Transaction ID : D443518  [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2013
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 184.00
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage	Transaction ID : D443519  [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capital One</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address PO Box 30285		Amount of Each Disbursement this Period 1792.13
City Salt Lake City	State UT	
Zip Code 84130-0285	Purpose of Disbursement Credit Card Payment	Transaction ID : D443242
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1792.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postmaster</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 24 Corliss St			Amount of Each Disbursement this Period 11.60
City Providence	State RI	Zip Code 02904-2457	
Purpose of Disbursement Postage		Category/ Type	<b>Transaction ID : D443550</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steak House</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013
Mailing Address 101 Constitution Ave NW			Amount of Each Disbursement this Period 137.86
City Washington	State DC	Zip Code 20001-2133	
Purpose of Disbursement Food and Beverage		Category/ Type	<b>Transaction ID : D443541</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Papa Razzi Trattoria Bar</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 1 Papparazzi Way Garden City Shopping Center			Amount of Each Disbursement this Period 120.00
City Cranston	State RI	Zip Code 02920	
Purpose of Disbursement Food and Beverage		Category/ Type	<b>Transaction ID : D443552</b> <b>[MEMO ITEM]</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2013
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 13.89
City Warwick	State RI	
Zip Code 02886-4200	Purpose of Disbursement Office Supplies	Transaction ID : D443543
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 70.61
City Warwick	State RI	
Zip Code 02886-4200	Purpose of Disbursement Office Supplies	Transaction ID : D443545
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Circe</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address 50 Weybosset St		Amount of Each Disbursement this Period 100.00
City Providence	State RI	
Zip Code 02903-2809	Purpose of Disbursement Food and Beverage	Transaction ID : D443565
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steak House</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 101 Constitution Ave NW		Amount of Each Disbursement this Period 1107.45
City Washington State DC Zip Code 20001-2133	Purpose of Disbursement Food and Beverage	Transaction ID : D443546 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Providence Biltmore</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 11 Dorrance St		Amount of Each Disbursement this Period 16.00
City Providence State RI Zip Code 02903-1730	Purpose of Disbursement Parking	Transaction ID : D443567 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 20.35
City Providence State RI Zip Code 02904-2457	Purpose of Disbursement Postage	Transaction ID : D443548 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capital One</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address PO Box 30285		Amount of Each Disbursement this Period 2806.31
City Salt Lake City	State UT	
Zip Code 84130-0285	Purpose of Disbursement Credit Card Payment	Transaction ID : D443243
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 53.49
City Warwick	State RI	
Zip Code 02886-4200	Purpose of Disbursement Office Supplies	Transaction ID : D443581
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 157.91
City Warwick	State RI	
Zip Code 02886-4200	Purpose of Disbursement Office Supplies	Transaction ID : D443582
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2806.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address 2425 Wyman St		Amount of Each Disbursement this Period 247.60
City Dallas	State TX	
Zip Code 75235-2501	Purpose of Disbursement Travel	Transaction ID : D443584
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 6.60
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage	Transaction ID : D443585
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 1150.00
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage	Transaction ID : D443586
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 128	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1276 Bald Hill Rd		Amount of Each Disbursement this Period 131.70
City Warwick	State RI	
Zip Code 02886-4200	Category/ Type	Transaction ID : D443587
Purpose of Disbursement Office Supplies		
Candidate Name	Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 1 Union Sta		Amount of Each Disbursement this Period 105.00
City Providence	State RI	
Zip Code 02903-1758	Category/ Type	Transaction ID : D443597
Purpose of Disbursement Food and Beverage		
Candidate Name	Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Eleven Forty Nine Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1149 Division Rd		Amount of Each Disbursement this Period 75.00
City East Greenwich	State RI	
Zip Code 02818-2050	Category/ Type	Transaction ID : D443598
Purpose of Disbursement Food and Beverage		
Candidate Name	Disbursement For: 2014	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 128			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Johnny's Half Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	Zip Code 20001-1511
Purpose of Disbursement Food and Beverage	Category/Type	
Candidate Name	Transaction ID : D443578	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Eleven Forty Nine Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 1149 Division Rd		Amount of Each Disbursement this Period 75.00
City East Greenwich	State RI	Zip Code 02818-2050
Purpose of Disbursement Food and Beverage	Category/Type	
Candidate Name	Transaction ID : D443589	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Transaction ID	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	79385.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 128	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 30 / 2013</b>
Mailing Address <b>430 S Capitol St SE FI 2</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Washington</b>	State <b>DC</b> Zip Code <b>20003-4024</b>	
Purpose of Disbursement <b>Transfer of Campaign Funds</b>	Candidate Name	<b>Transaction ID : D443263</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 128			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Langevin for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greenwood Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 2669 Post Rd		Amount of Each Disbursement this Period 692.81 <b>Transaction ID : D443292</b>
City Warwick	State RI	
Zip Code 02886-3039	Purpose of Disbursement Loan Payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Greenwood Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 2669 Post Rd		Amount of Each Disbursement this Period 694.53 <b>Transaction ID : D443293</b>
City Warwick	State RI	
Zip Code 02886-3039	Purpose of Disbursement Loan payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Greenwood Credit Union</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 2669 Post Rd		Amount of Each Disbursement this Period 696.27 <b>Transaction ID : D443294</b>
City Warwick	State RI	
Zip Code 02886-3039	Purpose of Disbursement Loan payment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2083.61
<b>TOTAL</b> This Period (last page this line number only).....	2083.61

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Langevin for Congress

Transaction ID : L649

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Greenwood Credit Union

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2669 Post Rd

City State ZIP Code  
Warwick RI 02886-3039

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
53625.00 6885.30 46739.70

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
02 / 11 / 2013 02/11/2019 2.99 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 46739.70  
**TOTALS** This Period (last page in this line only)..... ▶ 46739.70

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.