

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
Cicilline Committee

ADDRESS (number and street) One Park Row
5th Floor
 Check if different than previously reported. (ACC) Providence RI 02903

2. **FEC IDENTIFICATION NUMBER** ▼ C00476564 CITY ▲ STATE ▲ ZIP CODE ▲
STATE ▼ DISTRICT
RI 01

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - Termination Report (TER)

- (b) 12-Day **PRE**-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)
- Election on 09 / 13 / 2016 in the State of RI
- (c) 30-Day **POST**-Election Report for the:
- General (30G) Runoff (30R) Special (30S)
- Election on / / in the State of

5. Covering Period 07 / 01 / 2016 through 08 / 24 / 2016

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 Nancy Benoit

Signature of Treasurer Nancy Benoit [Electronically Filed] Date 09 / 01 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cicilline Committee

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))....	69838.00	1255278.83
(b) Total Contribution Refunds (from Line 20(d))	2030.00	15855.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67808.00	1239423.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	91753.77	535617.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6176.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	91753.77	529440.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	760937.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

Cicilline Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2016 To: M M / D D / Y Y Y Y 08 / 24 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	54850.00	878719.00
(ii) Unitemized.....	5738.00	53164.83
(iii) TOTAL of contributions from individuals ▶	60588.00	931883.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9250.00	323395.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	69838.00	1255278.83
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	6176.77
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	10.57	124.62
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	69848.57	1261580.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91753.77	535617.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	10000.00	102000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2030.00	11855.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2030.00	15855.00
21. OTHER DISBURSEMENTS	5450.00	34215.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	109233.77	687687.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	800322.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	69848.57
25. SUBTOTAL (add Line 23 and Line 24).....	870171.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	109233.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	760937.45

**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 141
	<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	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Arthur-Paul Petrosinelli

Mailing Address 28 Woodland Rd

City North Scituate State RI Zip Code 02857-1173

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

Name of Employer Johnston Public Schools Occupation Assistant Superintendent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196110

Amount of Each Receipt this Period
 200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Benjamin M. McGuire

Mailing Address 508 Columbus Ave
PH

City Boston State MA Zip Code 02118-3166

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

Name of Employer Greenberg Traurig, LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016

Transaction ID : C10193780

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 9005 Jamaica Bch

City Galveston State TX Zip Code 77554

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : C10194080

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).....

900.00

**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 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Robert Power

Mailing Address 14 McCormick Road

City Newport State RI Zip Code 02840

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

Name of Employer City of Newport Occupation School Committee - Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196100

Amount of Each Receipt this Period
 _____ 75.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Frank J. Faltus

Mailing Address 124 Congdon St

City Providence State RI Zip Code 02906-1413

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

Name of Employer City of Newport Occupation Doctor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196120

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cynthia Stern

Mailing Address 325 Rumstick Rd

City Barrington State RI Zip Code 02806-5042

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

Name of Employer City of Newport Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196130

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).....

_____ 825.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Susan M. Erstling PhD

Mailing Address 72 John st

City Newport State RI Zip Code 02840

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

Name of Employer family service of RI Occupation Social worker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **775.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196140

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James M. Lehane III

Mailing Address 213 Tuckerman Ave

City Middletown State RI Zip Code 02842-6046

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

Name of Employer Newport County Community Mental Health Occupation President and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016

Transaction ID : C10196150

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 11180 SW 107th St

City Miami State FL Zip Code 33176-8269

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

Name of Employer DC GROUP Occupation EXECUTIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2016

Transaction ID : C10186221

Amount of Each Receipt this Period
 400.00

Memo Item

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

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

1150.00

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

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

FOR LINE NUMBER: PAGE 8 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Terrence Murray

Mailing Address 218 El Brillo Way

City State Zip Code
Palm Beach FL 33480-4728

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

Name of Employer Occupation
N/A Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196131

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas F. Gilbane Jr.

Mailing Address 20 Leroy Ave

City State Zip Code
Newport RI 02840-4106

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

Name of Employer Occupation
Gilbane Building Company Builder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196141

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Barnaby M. Evans

Mailing Address 101 Regent Ave

City State Zip Code
Providence RI 02908-5430

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

Name of Employer Occupation
WaterFire Providence Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016

Transaction ID : C10196151

Amount of Each Receipt this Period
 250.00

Memo Item

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 9 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Linda J. Kushner

Mailing Address 560 Lloyd ave

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : C10186622

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Marla Romash

Mailing Address 34 Clinton Ave

City Jamestown State RI Zip Code 02835-1204

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

Name of Employer Romash Communications Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2016

Transaction ID : C10203682

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mildred T. Nichols

Mailing Address 56 Fosdyke St

City Providence State RI Zip Code 02906-3505

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : C10203722

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 10 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Alison Vareika

Mailing Address 212 Bellevue Ave

City State Zip Code
Newport RI 02840-3515

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

Name of Employer Occupation
William Vareika Fine Arts, Ltd Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
655.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 23 / 2016

Transaction ID : C10203902

Amount of Each Receipt this Period
655.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sally E. Lapides

Mailing Address 63 Manning St

City State Zip Code
Providence RI 02906-3130

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

Name of Employer Occupation
Residential properties ltd Real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2016

Transaction ID : C10203922

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
stephen morrissey

Mailing Address 57 Columbia St

City State Zip Code
Wakefield RI 02879-3202

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

Name of Employer Occupation
Houlihan, Managhan, Morrissey & Klye, Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : C10198852

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1105.00

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

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

FOR LINE NUMBER: PAGE 11 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
James E. Moore

Mailing Address 5 Ocean Lawn Ln

City Newport State RI Zip Code 02840-6947

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196132

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Douglas E. Watts

Mailing Address 290 Furnace Dock Rd

City Cortlandt Manor State NY Zip Code 10567-6510

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

Name of Employer Urban Media Group Occupation Media consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10195732

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Edward W. Ricci II

Mailing Address 210 Blackstone Blvd

City Providence State RI Zip Code 02906

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

Name of Employer 1947 LLC Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196122

Amount of Each Receipt this Period
 1000.00

Memo Item

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 12 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Alan J. Weiss Ph.D.

Mailing Address 85 Brisas Cir

City East Greenwich State RI Zip Code 02818-4030

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

Name of Employer Summit Consulting Group Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196142

Amount of Each Receipt this Period
700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nannette Herrick

Mailing Address 31 Bowery St

City Newport State RI Zip Code 02840-3520

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196113

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Alan J. Weiss Ph.D.

Mailing Address 85 Brisas Cir

City East Greenwich State RI Zip Code 02818-4030

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

Name of Employer Summit Consulting Group Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196143

Amount of Each Receipt this Period
1300.00

Memo Item

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 141

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Enrico DiGregorio

Mailing Address 940 E Shore Rd

City State Zip Code
 Jamestown RI 02835-1916

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

Name of Employer Occupation
 DiGregorio owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2016

Transaction ID : C10203684

Amount of Each Receipt this Period
 2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
William Kahane

Mailing Address 310 Ocean Ave

City State Zip Code
 Newport RI 02840

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2016

Transaction ID : C10199754

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Elizabeth B. Perik

Mailing Address 10 High St

City State Zip Code
 Jamestown RI 02835-1211

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

Name of Employer Occupation
 None Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016

Transaction ID : C10196154

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

4700.00

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

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

FOR LINE NUMBER: PAGE 14 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Elizabeth Santarlaschi

Mailing Address 5 George W Finnerty Rd

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
Partnership for Greater Providence Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196094

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Charles V O'Boyle Jr

Mailing Address 305 Brook Street

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
n/a retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196104

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 155 Grotto Ave

City State Zip Code
Providence RI 02906-5720

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

Name of Employer Occupation
FM Global Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196114

Amount of Each Receipt this Period
700.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Michael H. Lanza

Mailing Address **PO Box 174**

City **Jamestown** State **RI** Zip Code **02835-0174**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196124

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
John S. Carter

Mailing Address **137 Grotto Ave**

City **Providence** State **RI** Zip Code **02906-5720**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196134

Amount of Each Receipt this Period
200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
George Burman

Mailing Address **66 highland road**

City **Bristol** State **RI** Zip Code **02809**

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

Name of Employer **self employed** Occupation **architect**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196144

Amount of Each Receipt this Period
100.00

Memo Item

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 16 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Donna W. Cameron

Mailing Address 236 Morris Ave
2nd

City Providence State RI Zip Code 02906-2409

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

Name of Employer Donna Cameron Occupation Private Investigator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : C10193365

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Peter T Crowley

Mailing Address 186 Bellevue Avenue

City Newport State RI Zip Code 02840

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

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016

Transaction ID : C10198755

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sally E. Lapides

Mailing Address 63 Manning St

City Providence State RI Zip Code 02906-3130

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

Name of Employer Residential properties ltd Occupation Real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016

Transaction ID : C10204585

Amount of Each Receipt this Period
800.00

Memo Item

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 17 OF 141

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Elizabeth J Potter

Mailing Address 4201 22nd St

City San Francisco State CA Zip Code 94114-3109

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : C10194075

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Eli Broad

Mailing Address The Broad Foundations
 10900 Wilshire Blvd, 12th Floor

City Los Angeles State CA Zip Code 90024-6548

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

Name of Employer The Broad Foundations Occupation President & Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : C10194085

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Marjorie Ruth Yashar

Mailing Address 13843 Le Bateau Ln

City Palm Beach Gardens State FL Zip Code 33410-1288

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196125

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

1500.00

**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 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
John W. Brooks Jr.

Mailing Address 174 Bellevue Ave

City Newport State RI Zip Code 02840

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

Name of Employer Engineered Textile Solutions & Assoc. Occupation Group Managing Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196095

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stephen D. Alves

Mailing Address 34 Sweet Briar Lane

City West Warwick State RI Zip Code 02893-2423

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

Name of Employer Self Occupation Stockbroker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196105

Amount of Each Receipt this Period
300.00

Memo Item

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

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 Insurance

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196115

Amount of Each Receipt this Period
300.00

Memo Item

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 19 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
John S. Carter

Mailing Address 137 Grotto Ave

City Providence State RI Zip Code 02906-5720

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196135

Amount of Each Receipt this Period
800.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bartlett S. Dunbar

Mailing Address 25 Bridge St
P.O. Box 814

City Newport State RI Zip Code 02840-2529

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

Name of Employer Bowen's Wharf Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2016

Transaction ID : C10196145

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Malcolm Farmer III

Mailing Address 190 Upton Ave

City Providence State RI Zip Code 02906-5748

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

Name of Employer Hinckley Allan & Snyder, LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : C10193366

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).....

1550.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
George Wein

Mailing Address 150 E 69th St
Apt 27K

City State Zip Code
New York NY 10021-5722

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

Name of Employer Occupation
Newport Jazz Festival Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : C10194076

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Susan T. Perkins Esq.

Mailing Address 6 Pine St

City State Zip Code
Newport RI 02840-1912

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

Name of Employer Occupation
Law Office of Susan T. Perkins Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196096

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
J. Clement Cicilline

Mailing Address 100 Rhode Island Ave

City State Zip Code
Newport RI 02840-3346

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196106

Amount of Each Receipt this Period
300.00

Memo Item

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: PAGE 21 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Clay Rives

Mailing Address 81 Revere St

City Boston State MA Zip Code 02114

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196116

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James T. Mallowney

Mailing Address 38 Pelham St

City Newport State RI Zip Code 02840-3046

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

Name of Employer Information Requested Occupation Information Requested
Pharma-Cycle, Inc. Chemist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196126

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Stephen J. Carlotti Esq.

Mailing Address 8 Sandy Point Rd

City Barrington State RI Zip Code 02806-2648

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

Name of Employer Information Requested Occupation Information Requested
Hinckley Allen & Snyder Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : C10185416

Amount of Each Receipt this Period
250.00

Memo Item

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 22 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Julia Massimino

Mailing Address 733 10th St NW

City Washington State DC Zip Code 20001-4884

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

Name of Employer SoundExchange Occupation VP, Global Public Policy

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2016

Transaction ID : C10193277

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michael P. Mello

Mailing Address 107 Woodlawn Ave

City Bristol State RI Zip Code 02809

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

Name of Employer IGT Occupation Senior Director of Government Relation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2016

Transaction ID : C10198757

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Dennis D. Keefe Esq.

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 & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2016

Transaction ID : C10199757

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1750.00

**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 141
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) JR Beretta		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2016
Mailing Address 13 Walcott Ave		Transaction ID : C10200617
City Jamestown	State RI	Zip Code 02835-2937
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Beretta Realty	Occupation Real Esatate Executive	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Jane M. Timken		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2016
Mailing Address 10 Willow St		Transaction ID : C10196097
City Newport	State RI	Zip Code 02840-1927
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Painter	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) Kevin Sullivan		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2016
Mailing Address PO Box 511		Transaction ID : C10196107
City Newport	State RI	Zip Code 02840-0500
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Newport Police Department	Occupation Detective	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL 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: (check only one)	PAGE 24 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Frederick R. Mattis

Mailing Address **PO Box 362**

City **Barrington** State **RI** Zip Code **02806-0362**

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

Name of Employer Information Requested
Retired

Occupation Information Requested
Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196117

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Rita Slom

Mailing Address **400 Bellevue Ave**

City **Newport** State **RI** Zip Code **02840-6949**

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

Name of Employer Information Requested
Retired

Occupation Information Requested
Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196137

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Merle Goldstein

Mailing Address **70 Harwich Rd**

City **Providence** State **RI** Zip Code **02906-4918**

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

Name of Employer Information Requested
retired

Occupation Information Requested
retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 06 / 2016

Transaction ID : C10185417

Amount of Each Receipt this Period
450.00

Memo Item

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 25 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Rosalyn Sinclair

Mailing Address 144 Westminster St

City Providence State RI Zip Code 02903-2216

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

Name of Employer Self Occupation Philanthropist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : C10193368

Amount of Each Receipt this Period
700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Roberta Achtenberg

Mailing Address 456 Hill St

City San Francisco State CA Zip Code 94114-2919

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

Name of Employer JMPT Consulting Occupation Board Member

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : C10194078

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Gloria Kennedy

Mailing Address 5 Spofford Ave

City Warwick State RI Zip Code 02888-1814

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

Name of Employer retired Occupation civil rights advocate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2016

Transaction ID : C10194138

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1950.00

**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 141
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. John Florez		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2016	
Mailing Address 11 Roseneath Ave		Transaction ID : C10200578	
City Newport	State RI	Zip Code 02840-3845	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Drupal Connect	Occupation Chief Executive officer		
Receipt For: 2016 <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. Paul J. Salem		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2016	
Mailing Address 41 Nayatt Rd		Transaction ID : C10200618	
City Barrington	State RI	Zip Code 02806-3317	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer Providence Equity Partners	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) C. Thomas Ryan		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2016	
Mailing Address PO Box 74		Transaction ID : C10200718	
City Manville	State RI	Zip Code 02838-0074	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	3950.00
TOTAL 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: (check only one)		PAGE 27 OF 141	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
T. Paul Dimeo

Mailing Address 475 Kilvert St

City: Warwick State: RI Zip Code: 02886-1379

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

Name of Employer: Dimeo Properties, Inc Occupation: Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 08 / 23 / 2016

Transaction ID : C10203828

Amount of Each Receipt this Period: 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Allison McMillan

Mailing Address 101 Gideon Lawton Ln

City: Portsmouth State: RI Zip Code: 02871

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

Name of Employer: Providence Singers Occupation: Exec Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1050.00

Date of Receipt: 07 / 29 / 2016

Transaction ID : C10196098

Amount of Each Receipt this Period: 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Anne F. Hamilton

Mailing Address 31 Ridge Rd

City: Newport State: RI Zip Code: 02840

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

Name of Employer: Newport Historical Society Occupation: Honorary Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 07 / 29 / 2016

Transaction ID : C10196118

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).....

1250.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Lincoln Chafee

Mailing Address 366 Victory Hwy

City Exeter State RI Zip Code 02822-2114

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196128

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Gladys Lavine

Mailing Address 591 Indian Ave

City Middletown State RI Zip Code 02842-5766

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

Name of Employer none Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196138

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bartlett S. Dunbar

Mailing Address 25 Bridge St
P.O. Box 814

City Newport State RI Zip Code 02840-2529

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

Name of Employer Bowen's Wharf Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196148

Amount of Each Receipt this Period
200.00

Memo Item

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 29 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Merle Goldstein

Mailing Address 70 Harwich Rd

City Providence State RI Zip Code 02906-4918

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 06 / 2016

Transaction ID : C10185418

Amount of Each Receipt this Period
 550.00

Memo Item

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2016

Transaction ID : C10203749

Amount of Each Receipt this Period
 200.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Thomas M. Ryan

Mailing Address 135 Cliff Dr

City Narragansett State RI Zip Code 02882-1901

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

Name of Employer CVS Caremark Corporation Occupation Chairman and CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2016

Transaction ID : C10193369

Amount of Each Receipt this Period
 250.00

Memo Item

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: PAGE 30 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Mortimer C. Newton

Mailing Address 91 Friendship St

City Providence State RI Zip Code 02903

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016

Transaction ID : C10198759

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Edward Gromada

Mailing Address 20 Lawn Ave

City Jamestown State RI Zip Code 02835-1012

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

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 16 / 2016

Transaction ID : C10200599

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Michael J Hayes

Mailing Address 204 Bellevue Ave

City Newport State RI Zip Code 02840-3515

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

Name of Employer Information Requested Occupation Information Requested

Michael Hayes
Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016

Transaction ID : C10200709

Amount of Each Receipt this Period
250.00

Memo Item

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 31 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
James W. Hackett Esq.

Mailing Address 70 Elmgrove Ave

City Providence State RI Zip Code 02906-4135

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196099

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Thomas C. Hockaday

Mailing Address 67 Bridge St

City Newport State RI Zip Code 02840

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

Name of Employer Hockaday and Associates Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196119

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lisa Andoscia

Mailing Address 1 Rosewood Dr

City North Providence State RI Zip Code 02904-4019

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

Name of Employer Rosewood Consulting Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196129

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).....

1250.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Robert Kempenaar II

Mailing Address 351 W Main Rd

City Middletown State RI Zip Code 02842-6309

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

Name of Employer Kempenaar Real Estate Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196139

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bartlett S. Dunbar

Mailing Address 25 Bridge St
P.O. Box 814

City Newport State RI Zip Code 02840-2529

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

Name of Employer Bowen's Wharf Company Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196149

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John Chamberlin

Mailing Address 77 Grosvenor Ave Apt 2

City East Providence State RI Zip Code 02914

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

Name of Employer Rhode Island School of Design Occupation college professor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196250A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

1325.00

**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 33 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196250AB

Amount of Each Receipt this Period

25.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
John Pawlikowski

Mailing Address **5401 S. Cornell Ave.**

City **Chicago** State **IL** Zip Code **60615**

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

Name of Employer **Catholic Theological Union** Occupation **Professor**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2016

Transaction ID : C10196270A

Amount of Each Receipt this Period

25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196270AB

Amount of Each Receipt this Period

25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

25.00

**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 34 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
David P. Goldsmith

Mailing Address **PO Box 1**

City **Harmony** State **RI** Zip Code **02829**

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

Name of Employer **Aidance** Occupation **executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2016

Transaction ID : C10196280A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196280AB

Amount of Each Receipt this Period
15.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address **4538 Deer Run**

City **Evans** State **GA** Zip Code **30809-4445**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196290A

Amount of Each Receipt this Period
10.00

Memo Item

* Earmarked Contribution: See Below

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

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

25.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196290AB

Amount of Each Receipt this Period
 _____ **10.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Edgar H Dobie

Mailing Address **510 N St SW**

City **Washington** State **DC** Zip Code **20024-4503**

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

Name of Employer **Arena Stage** Occupation **Executive**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196310A

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196310AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **250.00**

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Sally E. Lapidés

Mailing Address 63 Manning St

City Providence State RI Zip Code 02906-3130

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

Name of Employer Residential properties ltd Occupation Real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 04 / 2016

Transaction ID : C10193370A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 10 / 2016

Transaction ID : C10193370AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Linda J. Kushner

Mailing Address 560 Lloyd ave

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : C10193390A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

200.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2016

Transaction ID : C10193390AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address **4538 Deer Run**

City **Evans** State **GA** Zip Code **30809-4445**

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

Name of Employer _____ Occupation _____
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : C10204660A

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204660AB

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **15.00**

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Frank Siano

Mailing Address 1250 Ialade Station Rd

City Saint Louis State MO Zip Code 63117

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

Name of Employer Self Occupation consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2016

Transaction ID : C10204670A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2016

Transaction ID : C10204670AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Paul M. O'Donnell

Mailing Address 380 Lloyd Ave Unit 8

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
410.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : C10196220A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

125.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196220AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Michael Gilson

Mailing Address **100 Prospect street**

City **Providence** State **RI** Zip Code **02906**

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

Name of Employer _____ Occupation **Physician**
CVI Lifespan _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : C10200620A

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : C10200620AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

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

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

FOR LINE NUMBER: PAGE 40 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Cicilline Committee

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

Mailing Address P.O. Box 378

City State Zip Code
Little Compton RI 02837

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

Name of Employer Occupation
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2016

Transaction ID : C10196200A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2016

Transaction ID : C10196200AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Brian Farley

Mailing Address 2525 NE 21st St

City State Zip Code
Fort Lauderdale FL 33305-3512

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

Name of Employer Occupation
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2016

Transaction ID : C10196230A

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 41 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196230AB

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
John Chamberlin

Mailing Address **77 Grosvenor Ave Apt 2**

City **East Providence** State **RI** Zip Code **02914**

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

Name of Employer **Rhode Island School of Design** Occupation **college professor**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : C10196240A

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196240AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

**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 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Abigail Brooks

Mailing Address 54 Taylor's Lane

City State Zip Code
Little Compton RI 02837

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

Name of Employer Occupation
Self-Employed Community Volunteer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 29 2016

Transaction ID : C10196251A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2016

Transaction ID : C10196251AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Simone P Joyaux

Mailing Address 10 Johnson Road

City State Zip Code
Foster RI 02825

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

Name of Employer Occupation
Self Self-employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 29 2016

Transaction ID : C10196261A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

350.00

**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 43 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196261AB

Amount of Each Receipt this Period

250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Ronald Mueller

Mailing Address **1916 16th Street NW**

City **Washington** State **DC** Zip Code **20009-3308**

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

Name of Employer **Gibson Dunn** Occupation **attorney**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2016

Transaction ID : C10196281A

Amount of Each Receipt this Period

150.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196281AB

Amount of Each Receipt this Period

150.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

150.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Peter Lozier

Mailing Address 650 West Main Road

City Little Compton State RI Zip Code 02837

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **815.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196291A

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196291AB

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
George Burman

Mailing Address 66 highland road

City Bristol State RI Zip Code 02809

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

Name of Employer self employed Occupation architect

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196311A

Amount of Each Receipt this Period
 _____ 50.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 100.00

**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 45 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196311AB

Amount of Each Receipt this Period

50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Kathryn Kilguss

Mailing Address **121 Perryville rd**

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

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : C10199101A

Amount of Each Receipt this Period

250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2016

Transaction ID : C10199101AB

Amount of Each Receipt this Period

250.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

250.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
David P. Goldsmith

Mailing Address **PO Box 1**

City **Harmony** State **RI** Zip Code **02829**

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

Name of Employer **Aidance** Occupation **executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204671A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204671AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Simone P Joyaux

Mailing Address **10 Johnson Road**

City **Foster** State **RI** Zip Code **02825**

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

Name of Employer **Self** Occupation **Self-employed**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : C10200621A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

125.00

**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 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : C10200621AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address **4538 Deer Run**

City **Evans** State **GA** Zip Code **30809-4445**

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

Name of Employer _____ Occupation _____
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : C10196181A

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196181AB

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **15.00**

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

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

FOR LINE NUMBER: PAGE 48 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Andrea Watson

Mailing Address 90 Windward Ln

City Bristol State RI Zip Code 02809

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

Name of Employer None Occupation Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : C10196221A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196221AB

Amount of Each Receipt this Period
15.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Peter Lozier

Mailing Address 650 West Main Road

City Little Compton State RI Zip Code 02837

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
815.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2016

Transaction ID : C10196272A

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

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

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

65.00

**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 49 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196272AB

Amount of Each Receipt this Period
 _____ **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Dean Painter

Mailing Address **1444 S. San Mateo Dr.**

City **Palm Springs** State **CA** Zip Code **92264**

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

Name of Employer **none** Occupation **none**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 30 / 2016

Transaction ID : C10196282A

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196282AB

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **15.00**

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

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

FOR LINE NUMBER: PAGE 50 OF 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
John Chamberlin

Mailing Address **77 Grosvenor Ave Apt 2**

City **East Providence** State **RI** Zip Code **02914**

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

Name of Employer **Rhode Island School of Design** Occupation **college professor**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196292A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196292AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Douglas Brooks

Mailing Address **1724 17th Street NW Unit 22**

City **Washington** State **DC** Zip Code **20009**

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

Name of Employer **Gilead Sciences** Occupation **Senior Director**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196302A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

275.00

**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 51 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196302AB

Amount of Each Receipt this Period

250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Lance Robbins

Mailing Address **15 Paloma Avenue Apt 202**

City **Venice** State **CA** Zip Code **90291**

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

Name of Employer **Urban Smart Growth** Occupation **Principal**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : C10199092A

Amount of Each Receipt this Period

1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2016

Transaction ID : C10199092AB

Amount of Each Receipt this Period

1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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 52 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Rev Dr F. Jay Deacon

Mailing Address **4 Johnson Terrace**

City **Middletown** State **RI** Zip Code **02842**

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

Name of Employer **Channing Memorial Church** Occupation **Minister**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : C10196192A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196192AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
David P. Goldsmith

Mailing Address **PO Box 1**

City **Harmony** State **RI** Zip Code **02829**

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

Name of Employer **Aidance** Occupation **executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

Transaction ID : C10196222A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

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

40.00

**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 53 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **12988.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	6

Transaction ID : C10196222AB

Amount of Each Receipt this Period

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									15.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Leslie Long

Mailing Address **33 ARNOLD ST.**

City **Providence** State **RI** Zip Code **02906**

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

Name of Employer **worklifetogether.com** Occupation
career coach/psychotherapist

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	6

Transaction ID : C10196253A

Amount of Each Receipt this Period

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									50.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ **12988.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	6

Transaction ID : C10196253AB

Amount of Each Receipt this Period

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									50.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
									50.00
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**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 54 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Dianne L. Izzo Esq.

Mailing Address 62 Poplar Ave

City North Kingstown State RI Zip Code 02852

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

Name of Employer Gorham & Gorham Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
355.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196263A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196263AB

Amount of Each Receipt this Period
15.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Arnold B. Chace Jr.

Mailing Address 46 Aborn St

City Providence State RI Zip Code 02903-3209

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

Name of Employer Occupation Self-Employed Developer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2016

Transaction ID : C10196273A

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

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

515.00

**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 55 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196273AB

Amount of Each Receipt this Period
 _____ **500.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Lodowick Updike Collins

Mailing Address **234 Shumankanuc Hill Road**

City **Charlestown** State **RI** Zip Code **02813**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196303A

Amount of Each Receipt this Period
 _____ **500.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196303AB

Amount of Each Receipt this Period
 _____ **500.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **500.00**

**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 56 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Wayne M Franklin

Mailing Address 130 Upton Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Temple Emanu-El Occupation Rabbi

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 12 / 2016

Transaction ID : C10193383A

Amount of Each Receipt this Period
 100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2016

Transaction ID : C10193383AB

Amount of Each Receipt this Period
 100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Rev Dr F. Jay Deacon

Mailing Address 4 Johnson Terrace

City Middletown State RI Zip Code 02842

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

Name of Employer Channing Memorial Church Occupation Minister

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2016

Transaction ID : C10204673A

Amount of Each Receipt this Period
 25.00

Memo Item

* Earmarked Contribution: See Below

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

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

125.00

**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 57 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	6

Transaction ID : C10204673AB

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Andrew Snyder

Mailing Address **350 W 42nd St**

City **New York** State **NY** Zip Code **10036**

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

Name of Employer **Mount Sinai Health System** Occupation **Physician Executive**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	6

Transaction ID : C10196293A

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	6

Transaction ID : C10196293AB

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

Note: Above Contribution earmarked through this organization.

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

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

2	5	0	0	0	0	0	0	0	0
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**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 58 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
William S. Friedman

Mailing Address 320 Central Park West

City State Zip Code
New YORK NY 10025-7659

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

Name of Employer Occupation
Beachwold Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4175.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : C10200623A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : C10200623AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Gale Aronson

Mailing Address 530 blackstone boulevard

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : C10196193A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

125.00

**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 59 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196193AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Edward Benson

Mailing Address **49 Progress**

City **Pawtucket** State **RI** Zip Code **02860**

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

Name of Employer _____ Occupation _____
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196203A

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196203AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

**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 60 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Charlene V. Maker

Mailing Address 125 S. of Commons Rd.

City Little Compton State RI Zip Code 02837

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

Name of Employer self Occupation musician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 26 / 2016

Transaction ID : C10196223A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196223AB

Amount of Each Receipt this Period
15.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Dean Painter

Mailing Address 1444 S. San Mateo Dr.

City Palm Springs State CA Zip Code 92264

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

Name of Employer none Occupation none

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016

Transaction ID : C10204654A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

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

30.00

**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 61 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204654AB

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Sonia ImMasche

Mailing Address **730 Cottonwood Drive**

City **Fort Collins** State **CO** Zip Code **80524-1517**

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

Name of Employer **none** Occupation **none**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196304A

Amount of Each Receipt this Period
 _____ **5.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196304AB

Amount of Each Receipt this Period
 _____ **5.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **5.00**

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

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

FOR LINE NUMBER: PAGE 62 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Gale Aronson

Mailing Address 530 blackstone boulevard

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt **08 / 22 / 2016**

Transaction ID : C10204674A

Amount of Each Receipt this Period **100.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12988.00**

Date of Receipt **08 / 24 / 2016**

Transaction ID : C10204674AB

Amount of Each Receipt this Period **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Bob Jaffe

Mailing Address 205 W 57th St Apt 10AA

City New York State NY Zip Code 10019-2119

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

Name of Employer Self Employed Occupation Actor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt **07 / 29 / 2016**

Transaction ID : C10196264A

Amount of Each Receipt this Period **250.00**

Memo Item

* Earmarked Contribution: See Below

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

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

350.00

**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 63 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196264AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros

Mailing Address **100 Exchange Street #804**

City **Providence** State **RI** Zip Code **02903**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2016

Transaction ID : C10196214A

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196214AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **100.00**

**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 64 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Elaine P. Fersh

Mailing Address 99 Lloyd Avenue

City Providence State RI Zip Code 02906

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

Name of Employer Community Matters Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
07 / 31 / 2016

Transaction ID : C10196305A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
07 / 31 / 2016

Transaction ID : C10196305AB

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Michael Gilson

Mailing Address 100 Prospect street

City Providence State RI Zip Code 02906

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

Name of Employer CVI Lifespan Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
07 / 10 / 2016

Transaction ID : C10193375A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

125.00

**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 65 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2016

Transaction ID : C10193375AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address **4538 Deer Run**

City **Evans** State **GA** Zip Code **30809-4445**

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

Name of Employer _____ Occupation _____
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 13 / 2016

Transaction ID : C10200645A

Amount of Each Receipt this Period
 _____ **10.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 14 / 2016

Transaction ID : C10200645AB

Amount of Each Receipt this Period
 _____ **10.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **10.00**

**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 66 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Glenn Parker

Mailing Address 83 Dana Street

City Providence State RI Zip Code 02906

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

Name of Employer Parker Construction Occupation Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
07 / 20 / 2016

Transaction ID : C10196185A

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
07 / 24 / 2016

Transaction ID : C10196185AB

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Sonia ImMasche

Mailing Address 730 Cottonwood Drive

City Fort Collins State CO Zip Code 80524-1517

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

Name of Employer none Occupation none

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
07 / 27 / 2016

Transaction ID : C10196225A

Amount of Each Receipt this Period
5.00

Memo Item

* Earmarked Contribution: See Below

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

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

505.00

**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 67 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196225AB

Amount of Each Receipt this Period

5.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mildred T. Nichols

Mailing Address **56 Fosdyke St**

City **Providence** State **RI** Zip Code **02906-3505**

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

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

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196256A

Amount of Each Receipt this Period

100.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196256AB

Amount of Each Receipt this Period

100.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

100.00

**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 68 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Dean Painter

Mailing Address 1444 S. San Mateo Dr.

City State Zip Code
Palm Springs CA 92264

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

Name of Employer Occupation
none none

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196266A

Amount of Each Receipt this Period
15.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196266AB

Amount of Each Receipt this Period
15.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Julie S. Smith

Mailing Address 34 Webster St.

City State Zip Code
Newport RI 02840

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

Name of Employer Occupation
Self Artist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196296A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

115.00

**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 69 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196296AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Simone P Joyaux

Mailing Address **10 Johnson Road**

City **Foster** State **RI** Zip Code **02825**

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

Name of Employer **Self** Occupation **Self-employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2016

Transaction ID : C10193376A

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2016

Transaction ID : C10193376AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **100.00**

**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 70 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Glenn Parker

Mailing Address 83 Dana Street

City Providence State RI Zip Code 02906

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

Name of Employer Parker Construction Occupation Construction

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
08 / 20 / 2016

Transaction ID : C10204666A

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
08 / 21 / 2016

Transaction ID : C10204666AB

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Edward Benson

Mailing Address 49 Progress

City Pawtucket State RI Zip Code 02860

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
725.00

Date of Receipt
08 / 24 / 2016

Transaction ID : C10204676A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

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

525.00

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 71 OF 141
<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	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
12988.00

Date of Receipt
08 / 24 / 2016

Transaction ID : C10204676AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Fred Rotenberg

Mailing Address **45 Hazard Ave**

City **Providence** State **RI** Zip Code **02906**

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

Name of Employer **Lifespan** Occupation **physician**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
325.00

Date of Receipt
07 / 27 / 2016

Transaction ID : C10196226A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
12988.00

Date of Receipt
07 / 31 / 2016

Transaction ID : C10196226AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

25.00

**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 72 OF 141
	<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)
Cicilline Committee

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

Mailing Address 48 N Court St
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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196307A

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196307AB

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address 4538 Deer Run

City Evans State GA Zip Code 30809-4445

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2016

Transaction ID : C10193387A

Amount of Each Receipt this Period
10.00

Memo Item

* Earmarked Contribution: See Below

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

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

1010.00

**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 73 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2016

Transaction ID : C10193387AB

Amount of Each Receipt this Period
 _____ **10.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address **4538 Deer Run**

City **Evans** State **GA** Zip Code **30809-4445**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2016

Transaction ID : C10199107A

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2016

Transaction ID : C10199107AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

**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 74 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address 4538 Deer Run

City Evans State GA Zip Code 30809-4445

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
08 / 13 / 2016

Transaction ID : C10200647A

Amount of Each Receipt this Period
5.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
08 / 14 / 2016

Transaction ID : C10200647AB

Amount of Each Receipt this Period
5.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Myrth York

Mailing Address 44 Hazard Ave.

City Providence State RI Zip Code 02906

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2050.00

Date of Receipt
08 / 17 / 2016

Transaction ID : C10204647A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

255.00

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

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

FOR LINE NUMBER: PAGE 75 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204647AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Frank Siano

Mailing Address **1250 Ialade Station Rd**

City **Saint Louis** State **MO** Zip Code **63117**

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

Name of Employer **Self** Occupation **consultant**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : C10196187A

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196187AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **100.00**

**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 76 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Kristi M. Agniel

Mailing Address 76 Humboldt Ave. Providence RI

City Providence State RI Zip Code 02906

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

Name of Employer Agniel CommoditiesLLC Occupation human resources admin

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt **07 / 29 / 2016**

Transaction ID : C10196258A

Amount of Each Receipt this Period **50.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **12988.00**

Date of Receipt **07 / 31 / 2016**

Transaction ID : C10196258AB

Amount of Each Receipt this Period **50.00**

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Dean Painter

Mailing Address 1444 S. San Mateo Dr.

City Palm Springs State CA Zip Code 92264

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

Name of Employer none Occupation none

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **07 / 30 / 2016**

Transaction ID : C10196288A

Amount of Each Receipt this Period **15.00**

Memo Item

* Earmarked Contribution: See Below

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

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

65.00

**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 77 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196288AB

Amount of Each Receipt this Period

15.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
William S. Friedman

Mailing Address **320 Central Park West**

City **New YORK** State **NY** Zip Code **10025-7659**

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

Name of Employer **Beachwold** Occupation **Real Estate**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
4175.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2016

Transaction ID : C10193378A

Amount of Each Receipt this Period

25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2016

Transaction ID : C10193378AB

Amount of Each Receipt this Period

25.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 78 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address 4538 Deer Run

City State Zip Code
Evans GA 30809-4445

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

Name of Employer Occupation
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
305.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2016

Transaction ID : C10193388A

Amount of Each Receipt this Period
5.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2016

Transaction ID : C10193388AB

Amount of Each Receipt this Period
5.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Sally E. Lapides

Mailing Address 63 Manning St

City State Zip Code
Providence RI 02906-3130

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

Name of Employer Occupation
Residential properties ltd Real estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016

Transaction ID : C10199098A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

105.00

**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 79 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2016

Transaction ID : C10199098AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Dean Painter

Mailing Address **1444 S. San Mateo Dr.**

City **Palm Springs** State **CA** Zip Code **92264**

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

Name of Employer **none** Occupation **none**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : C10196188A

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196188AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **25.00**

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

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

FOR LINE NUMBER: PAGE 80 OF 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Simone P Joyaux

Mailing Address 10 Johnson Road

City State Zip Code
Foster RI 02825

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

Name of Employer Occupation
Self Self-employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 27 2016

Transaction ID : C10196228A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 31 2016

Transaction ID : C10196228AB

Amount of Each Receipt this Period
250.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Ellen Jagolinzer

Mailing Address 768 Elmgrove Ave.

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Not employed Not employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 13 2016

Transaction ID : C10193389A

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

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

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

350.00

**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 81 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 17 / 2016

Transaction ID : C10193389AB

Amount of Each Receipt this Period
 _____ **100.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
David P. Goldsmith

Mailing Address **PO Box 1**

City **Harmony** State **RI** Zip Code **02829**

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

Name of Employer **Aidance** Occupation **executive**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : C10196259A

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196259AB

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **15.00**

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

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

FOR LINE NUMBER: PAGE 82 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Charlene V. Maker

Mailing Address 125 S. of Commons Rd.

City Little Compton State RI Zip Code 02837

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

Name of Employer self Occupation musician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2016

Transaction ID : C10196269A

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation
 Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2016

Transaction ID : C10196269AB

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
David P. Goldsmith

Mailing Address PO Box 1

City Harmony State RI Zip Code 02829

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

Name of Employer Aidance Occupation executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2016

Transaction ID : C10196279A

Amount of Each Receipt this Period
 _____ 25.00

Memo Item

* Earmarked Contribution: See Below

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

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

_____ 50.00

**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 83 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196279AB

Amount of Each Receipt this Period
 _____ **25.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Max Brickle

Mailing Address **215 forge road**

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

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

Name of Employer **none** Occupation **self employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196289A

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196289AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **250.00**

**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 84 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Jane A Desforges

Mailing Address 125 IRVING AVE

City Providence State RI Zip Code 02906

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

Name of Employer: FIELD REPRESENTATIVE Occupation: US DEPT COMMERCE BUREAU OF CENSUS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 255.00

Date of Receipt: 07 / 31 / 2016

Transaction ID : C10196309A

Amount of Each Receipt this Period: 35.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 12988.00

Date of Receipt: 07 / 31 / 2016

Transaction ID : C10196309AB

Amount of Each Receipt this Period: 35.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Charlene V. Maker

Mailing Address 125 S. of Commons Rd.

City Little Compton State RI Zip Code 02837

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

Name of Employer: self Occupation: musician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 480.00

Date of Receipt: 07 / 29 / 2016

Transaction ID : C10196249A

Amount of Each Receipt this Period: 25.00

Memo Item

* Earmarked Contribution: See Below

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

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

60.00

**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 85 OF 141
	<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196249AB

Amount of Each Receipt this Period

25.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Joan Richards

Mailing Address **15 Creighton St**

City **Providence** State **RI** Zip Code **02906**

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

Name of Employer **Brown University** Occupation **Professor**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204669A

Amount of Each Receipt this Period

15.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 21 / 2016

Transaction ID : C10204669AB

Amount of Each Receipt this Period

15.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

15.00

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

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

FOR LINE NUMBER: PAGE 86 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
David P. Goldsmith

Mailing Address **PO Box 1**

City **Harmony** State **RI** Zip Code **02829**

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

Name of Employer **Aidance** Occupation **executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : C10196189A

Amount of Each Receipt this Period
25.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
12988.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2016

Transaction ID : C10196189AB

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
John A. Doerrer

Mailing Address **1705 N. Rutherford Ave.**

City **Chicago** State **IL** Zip Code **60707**

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

Name of Employer **Kaizen Incorporated** Occupation **Lawyer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 25 / 2016

Transaction ID : C10196219A

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 87 OF 141
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196219AB

Amount of Each Receipt this Period
 _____ **250.00**

Memo Item

Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Priscilla Gilman

Mailing Address **4538 Deer Run**

City **Evans** State **GA** Zip Code **30809-4445**

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

Name of Employer **Not employed** Occupation **Not employed**

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : C10196239A

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

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

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **12988.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2016

Transaction ID : C10196239AB

Amount of Each Receipt this Period
 _____ **15.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

_____ **15.00**

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

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

FOR LINE NUMBER: PAGE 88 OF 141
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
edward T. hanley

Mailing Address 690 Market St
Unit 1602

City San Francisco State CA Zip Code 94104-5122

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

Name of Employer SLD Occupation Accountant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : C10203832

Amount of Each Receipt this Period
-5400.00

Memo Item

*

B. Full Name (Last, First, Middle Initial)
Paul Hanley

Mailing Address 600 Market Street
Unit 1602

City San Francisco State CA Zip Code 94104

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : C10203833

Amount of Each Receipt this Period
2700.00

Memo Item

*

C. Full Name (Last, First, Middle Initial)
Paul Hanley

Mailing Address 600 Market Street
Unit 1602

City San Francisco State CA Zip Code 94104

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2016

Transaction ID : C10203834

Amount of Each Receipt this Period
2700.00

Memo Item

*

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

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

0.00

54850.00

**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 89 OF 141
<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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Friends of James Diosa

Mailing Address 175 Hedley Ave

City Central Falls State RI Zip Code 02863

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196121

Amount of Each Receipt this Period
250.00

Memo Item

Comprised of Federally Permissible Funds

B. Full Name (Last, First, Middle Initial)
Recording Industry Association Of America

Mailing Address 1025 F STREET NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00009357

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2016

Transaction ID : C10194083

Amount of Each Receipt this Period
1000.00

Memo Item

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2016

Transaction ID : C10196146

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

2750.00

**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 90 OF 141
<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	

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)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
CDM SMITH INC. NATIONAL PAC

Mailing Address 3201 JERMANTOWN ROAD
SUITE 400

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C C00398222**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 29 2016

Transaction ID : C10196147

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1625 L St NW

City State Zip Code
Washington DC 20036-5665

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 10 2016

Transaction ID : C10198858

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
National Association of Broadcasters PAC

Mailing Address 1771 N St NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 05 2016

Transaction ID : C10198758

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

4500.00

**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 91 OF 141
	<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)
Cicilline Committee

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2016

Transaction ID : C10198859

Amount of Each Receipt this Period
2000.00

Memo Item

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Memo Item

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

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

2000.00

9250.00

**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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 13.50
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00
City Bristol	State RI	
Zip Code 02809	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527770
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Carolyn Cote		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address 18 Spinning Wheel Drive		Amount of Each Disbursement this Period 258.00
City Uxbridge	State MA	
Zip Code 01569	Purpose of Disbursement Field Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527780
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	571.50
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Lancellotta's		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016
Mailing Address 1113 Charles St		Amount of Each Disbursement this Period 726.40
City North Providence	State RI	
Zip Code 02904-3538	Purpose of Disbursement Catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527810
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement MM / DD / YYYY 08 / 21 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 51.28
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D528080
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 530.85
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527760
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1308.53
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 27.85
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527761
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Community Care Alliance		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2016
Mailing Address P.O Box 1700		Amount of Each Disbursement this Period 150.00
City Woonsocket	State RI Zip Code 02895	
Purpose of Disbursement Advertising	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527771
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Carolyn Cote		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 18 Spinning Wheel Drive		Amount of Each Disbursement this Period 640.62
City Uxbridge	State MA Zip Code 01569	
Purpose of Disbursement Payroll	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527781
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	818.47
TOTAL 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 141	
	<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)
Cicilline Committee

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2016

Amount of Each Disbursement this Period
5.81

Memo Item

Transaction ID : D528081

Full Name (Last, First, Middle Initial)
B. Digital Turf

Mailing Address 27 Clear Brook Xing

City Kennebunk State ME Zip Code 04043-6303

Purpose of Disbursement
Web Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 01 / 2016

Amount of Each Disbursement this Period
750.00

Memo Item

Transaction ID : D527752

Full Name (Last, First, Middle Initial)
C. First Bank Merchant Services

Mailing Address 5565 Glenridge Connector NE

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 03 / 2016

Amount of Each Disbursement this Period
28.55

Memo Item

Transaction ID : D527762

SUBTOTAL of Disbursements This Page (optional)..... 784.36

TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. RS Acquisitions, LLC		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address One Richmond Square, Suite #100C		Amount of Each Disbursement this Period 1500.00
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Office Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527792
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 337.33
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527763
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chatterton Insurance		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 150 Main Street		Amount of Each Disbursement this Period 620.00
City Pawtucket	State RI	
Zip Code 02916	Purpose of Disbursement INSURANCE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527773
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2457.33
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Cool Air Creations, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 10 Business Park Drive		Amount of Each Disbursement this Period 345.00
City Smithfield	State RI	
Zip Code 02917	Purpose of Disbursement Printing (Field)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527783
State: District:		

Full Name (Last, First, Middle Initial) B. RS Acquisitions, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address One Richmond Square, Suite #100C		Amount of Each Disbursement this Period 6000.00
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Office Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527793
State: District:		

Full Name (Last, First, Middle Initial) c. Rolla Group LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 1132 6th Street, NW #2		Amount of Each Disbursement this Period 10558.84
City Washington	State DC	
Zip Code 20001-1639	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527753
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	16903.84
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 28.54
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527534
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 311.17
City Albany	State NY	
Zip Code 12250-0001	Purpose of Disbursement Mobile Phone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527754
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2016
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 834.25
City Atlanta	State GA	
Zip Code 30342	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527764
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1173.96
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Marvin Lopez		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 19 Dresser St		Amount of Each Disbursement this Period 150.00
City Providence	State RI	
Zip Code 02909	Purpose of Disbursement Reimbursement - Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527774
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. James Poirier		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 338 Brookline Dr		Amount of Each Disbursement this Period 1119.39
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527784
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. RS Acquisitions, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address One Richmond Square, Suite #100C		Amount of Each Disbursement this Period 528.00
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Electric	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527794
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1797.39
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement MM / DD / YYYY 08 / 07 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 72.28
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527424
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement MM / DD / YYYY 07 / 31 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 266.04
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527425
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Amy Gabarra		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 62 Bellman Ave		Amount of Each Disbursement this Period 5000.00
City Warwick	State RI	
Zip Code 02889	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527745
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5338.32
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1343.87
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Tax	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527765
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kathleen O'Hanlon		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 61 Lucille Street		Amount of Each Disbursement this Period 1734.88
City Providence	State RI	
Zip Code 02908	Purpose of Disbursement Payroll	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527785
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cafe GTech		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 10 Memorial Blvd		Amount of Each Disbursement this Period 534.71
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Catering (Fundraising)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527775
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3613.46
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 54.76
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527426
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Frost Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 3556.40
City Washington	State DC	
Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527756
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 107.50
City Riverside	State RI	
Zip Code 02915	Purpose of Disbursement Payroll Service Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527766
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3718.66
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 101 Avenue of the Americas, FI 12		Amount of Each Disbursement this Period 1350.00
City New York	State NY	
Zip Code 10013	Purpose of Disbursement Database	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527776
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Ferrara		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016
Mailing Address One Old Colony Road #213		Amount of Each Disbursement this Period 350.00
City Mansfield	State MA	
Zip Code 02048	Purpose of Disbursement Photographer (Fundraising)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527786
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Amy Gabarra		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2016
Mailing Address 62 Bellman Ave		Amount of Each Disbursement this Period 125.45
City Warwick	State RI	
Zip Code 02889	Purpose of Disbursement Reimbursement - Travel & Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527746
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1825.45
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. U.S Postmaster		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 24 Corliss St		Amount of Each Disbursement this Period 282.00
City Providence	State RI	
Zip Code 02904-2457	Purpose of Disbursement Postage (Fundraising)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527797
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2016
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 1.23
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D526057
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Amy Gabarra		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016
Mailing Address 62 Bellman Ave		Amount of Each Disbursement this Period 2500.00
City Warwick	State RI	
Zip Code 02889	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527747
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2783.23
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. The Frost Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2016
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 3614.74
City Washington	State DC	
Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527757
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 1101 15th St, NW Suite 500		Amount of Each Disbursement this Period 3450.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Database	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527767
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Jewish Voice		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 401 Elmgrove Ave		Amount of Each Disbursement this Period 113.00
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Print Buys	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527777
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7177.74
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Ms. Amy Gabarra		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016
Mailing Address 62 Bellman Ave		Amount of Each Disbursement this Period 85.59
City Warwick	State RI	
Zip Code 02889	Purpose of Disbursement Reimbursement - Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527748
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Frost Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2016
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 3529.39
City Washington	State DC	
Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527758
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. CFO Compliance		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address One Park Row, 5th Floor		Amount of Each Disbursement this Period 4510.46
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Compliance Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527768
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8125.44
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial)
A. Mothership Strategies

Mailing Address 2413 20th St, NW #4

City Washington State DC Zip Code 20009

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2016

Amount of Each Disbursement this Period: 6037.00

Memo Item

Transaction ID : D527788

Full Name (Last, First, Middle Initial)
B. Ms. Amy Gabarra

Mailing Address 62 Bellman Ave

City Warwick State RI Zip Code 02889

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 23 / 2016

Amount of Each Disbursement this Period: 2500.00

Memo Item

Transaction ID : D527808

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

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2016

Amount of Each Disbursement this Period: 19.35

Memo Item

Transaction ID : D527139

SUBTOTAL of Disbursements This Page (optional) 8556.35

TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Cogens Printing Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2016
Mailing Address 1 Virginia Ave		Amount of Each Disbursement this Period 1658.50
City Providence	State RI Zip Code 02905-4427	
Purpose of Disbursement Printing (Fundraising)	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527749
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. First Bank Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2016
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 561.55
City Atlanta	State GA Zip Code 30342	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527759
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Roberta Cicilline-DiMezza		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 119 High Street		Amount of Each Disbursement this Period 300.00
City Bristol	State RI Zip Code 02809	
Purpose of Disbursement Payroll	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527769
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2520.05
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Amos House		Date of Disbursement MM / DD / YYYY 08 / 07 / 2016
Mailing Address 460 Pine Street		Amount of Each Disbursement this Period 241.92
City Providence	State RI	
Zip Code 02907	Purpose of Disbursement Catering (Fundraising)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527779
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cogens Printing Services		Date of Disbursement MM / DD / YYYY 08 / 23 / 2016
Mailing Address 1 Virginia Ave		Amount of Each Disbursement this Period 829.92
City Providence	State RI	
Zip Code 02905-4427	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527809
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5899.59
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527639
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6971.43
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Speedway		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 1215 No. Main Street		Amount of Each Disbursement this Period 41.15
City Providence	State RI	
Zip Code 02904	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527660
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 600 North Point Parkway		Amount of Each Disbursement this Period 208.46
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Mobile Phones	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527700
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. HotelTonight.com		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address Corporate Headquarters 901 Market St., Suite 310		Amount of Each Disbursement this Period 232.00
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527680
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Sheraton Fisherman's Wharf			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 2500 Mason St			Amount of Each Disbursement this Period 377.30	
City San Francisco	State CA	Zip Code 94133	<input type="checkbox"/> Memo Item Transaction ID : D527671	
Purpose of Disbursement Lodging		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Amtrak			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 50 Massachusetts Ave NE			Amount of Each Disbursement this Period 118.10	
City Washington	State DC	Zip Code 20002-4214	<input type="checkbox"/> Memo Item Transaction ID : D527681	
Purpose of Disbursement Travel		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Expedia			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 3150 139th Avenue SE			Amount of Each Disbursement this Period 78.52	
City Bellevue	State WA	Zip Code 98005	<input type="checkbox"/> Memo Item Transaction ID : D527691	
Purpose of Disbursement Travel		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 23.52
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527701
State: District:		

Full Name (Last, First, Middle Initial) B. Cumberland Farms		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 30.89
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527652
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 5.40
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527662
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Element Times Square		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 311 W. 39th St		Amount of Each Disbursement this Period 264.04
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527672
State: District:		

Full Name (Last, First, Middle Initial) B. VTS District Cab		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 1636 Bladensburg Rd. NE		Amount of Each Disbursement this Period 19.68
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527682
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 11.57
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527692
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 26.66
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi Service	Category/Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527702
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 13.67
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi Service	Category/Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527653
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 166.00
City Washington	State DC Zip Code 20002-4214	
Purpose of Disbursement Travel	Category/Type 002	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527663
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Southwest Airlines			Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 1 Aviation Cir			Amount of Each Disbursement this Period 728.96	
City Washington	State DC	Zip Code 20001-6000	<input type="checkbox"/> Memo Item Transaction ID : D527673	
Purpose of Disbursement Airfare		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 600 North Point Parkway			Amount of Each Disbursement this Period 31.46	
City Alpharetta	State GA	Zip Code 30022	<input type="checkbox"/> Memo Item Transaction ID : D527683	
Purpose of Disbursement Mobile Phones		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. The Westin O'Hare			Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 6100 N. River Road			Amount of Each Disbursement this Period 227.09	
City Rosemont	State IL	Zip Code 60018	<input type="checkbox"/> Memo Item Transaction ID : D527693	
Purpose of Disbursement Lodging		Category/ Type 002		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 7.70
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service	
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527703
State: District:		

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 11.06
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service	
Candidate Name	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527654
State: District:		

Full Name (Last, First, Middle Initial) C. Due South		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 301 Water St SE		Amount of Each Disbursement this Period 255.40
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals & Beverages	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527664
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 1 Aviation Cir		Amount of Each Disbursement this Period 330.95
City Washington	State DC	
Zip Code 20001-6000	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527674
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi - Yellow Cab		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 287 10th Ave		Amount of Each Disbursement this Period 8.15
City New York	State NY	
Zip Code 10001-7003	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527684
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 65.89
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527694
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. The Westin Michigan Ave			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 909 N. Michigan Ave			Amount of Each Disbursement this Period 428.10	
City Chicago	State IL	Zip Code 60611	Category/ Type 002	
Purpose of Disbursement Lodging				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D527704	
State: District:				

Full Name (Last, First, Middle Initial) B. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 182 Howard Street, Suite 8			Amount of Each Disbursement this Period 5.53	
City San Francisco	State CA	Zip Code 94105	Category/ Type 002	
Purpose of Disbursement Taxi Service				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D527655	
State: District:				

Full Name (Last, First, Middle Initial) C. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address PO Box 66100			Amount of Each Disbursement this Period 200.00	
City Chicago	State IL	Zip Code 60666-0100	Category/ Type 002	
Purpose of Disbursement Airfare				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D527675	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies			Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 182 Howard Street, Suite 8			Amount of Each Disbursement this Period 13.89	
City San Francisco	State CA	Zip Code 94105	Category/ Type 002	
Purpose of Disbursement Taxi Service				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D527685	
State: District:				

Full Name (Last, First, Middle Initial) B. Hostway.com			Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 100 N Riverside Plz Ste 800			Amount of Each Disbursement this Period 36.95	
City Chicago	State IL	Zip Code 60606-1564	Category/ Type	
Purpose of Disbursement Web Hosting				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D527665	
State: District:				

Full Name (Last, First, Middle Initial) C. Cumberland Farms			Date of Disbursement MM / DD / YYYY 07 / 11 / 2016	
Mailing Address 751 Hope Street			Amount of Each Disbursement this Period 38.18	
City Providence	State RI	Zip Code 02906	Category/ Type 002	
Purpose of Disbursement Gasoline				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : D527656	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 191.00
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527676
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Teleflora		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 11444 West Olympic Boulevard		Amount of Each Disbursement this Period 113.93
City Los Angeles	State CA Zip Code 90064	
Purpose of Disbursement Host Gift - Event Flowers	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527686
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 5.00
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi Service	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527696
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 646.85
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527667
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 26.08
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Taxi Service	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527697
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Teleflora		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 11444 West Olympic Boulevard		Amount of Each Disbursement this Period 125.93
City Los Angeles	State CA Zip Code 90064	
Purpose of Disbursement Host Gift - Event Flowers	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527687
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 115.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527668
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Speedway		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 1215 No. Main Street		Amount of Each Disbursement this Period 37.35
City Providence	State RI	
Zip Code 02904	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527659
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 97.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527669
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 236 Meeting Street		Amount of Each Disbursement this Period 144.78
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Shipping	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527679
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. VTS District Cab		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 1636 Bladensburg Rd. NE		Amount of Each Disbursement this Period 10.25
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Taxi Service	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527699
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 14486.46
City Weston	State FL Zip Code 33331-3626	
Purpose of Disbursement Credit Card Payment	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : D527640
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	14486.46
TOTAL 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 141	
	<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)
Cicilline Committee

A. VTS District Cab

Full Name (Last, First, Middle Initial)
Mailing Address 1636 Bladensburg Rd. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Taxi Service

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
08 / 05 / 2016

Amount of Each Disbursement this Period
12.00

Memo Item

Transaction ID : D527710

Category/Type: 002

B. Rhode Island Turnpike and Bridge Authority

Full Name (Last, First, Middle Initial)
Mailing Address 1 East Shore Road

City Jamestown State RI Zip Code 02835

Purpose of Disbursement
Tolls

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
08 / 05 / 2016

Amount of Each Disbursement this Period
75.00

Memo Item

Transaction ID : D527720

Category/Type: 002

C. Sheraton Fisherman's Wharf

Full Name (Last, First, Middle Initial)
Mailing Address 2500 Mason St

City San Francisco State CA Zip Code 94133

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
08 / 05 / 2016

Amount of Each Disbursement this Period
986.31

Memo Item

Transaction ID : D527711

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL 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 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Cumberland Farms		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 41.15
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527721
State: District:		

Full Name (Last, First, Middle Initial) B. Cumberland Farms		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 38.33
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527741
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period -200.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Airline Fee Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527811
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 126 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Covington & Burling LLP			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016	
Mailing Address 850 Tenth St NW			Amount of Each Disbursement this Period 237.60	
City Washington	State DC	Zip Code 20001	<input type="checkbox"/> Memo Item Transaction ID : D527731	
Purpose of Disbursement Legal Fees		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016	
Mailing Address PO Box 66100			Amount of Each Disbursement this Period 75.00	
City Chicago	State IL	Zip Code 60666-0100	<input type="checkbox"/> Memo Item Transaction ID : D527712	
Purpose of Disbursement Airfare		Category/ Type 002		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. The University Club			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016	
Mailing Address 210 Benefit St			Amount of Each Disbursement this Period 398.56	
City Providence	State RI	Zip Code 02903	<input type="checkbox"/> Memo Item Transaction ID : D527722	
Purpose of Disbursement Fundraising Event		Category/ Type 003		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 127 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 000,000.00 5.40
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527732
State: District:		

Full Name (Last, First, Middle Initial) B. Wyndham Garden Philadelphia		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 45 Industrial Hwy		Amount of Each Disbursement this Period 000,000.00 1373.40
City Essington State PA Zip Code 19029	Purpose of Disbursement Lodging Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527742
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 000,000.00 20.14
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Taxi Service Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527713
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 128 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 141.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527733
State: District:		

Full Name (Last, First, Middle Initial) B. Wyndham Garden Philadelphia		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 45 Industrial Hwy		Amount of Each Disbursement this Period 1303.64
City Essington	State PA	
Zip Code 19029	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527743
State: District:		

Full Name (Last, First, Middle Initial) C. Uber Technologies		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 13.83
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527714
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 129 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 212.00
City Washington	State DC	
Zip Code 20002-4214	Purpose of Disbursement Travel	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527734
State: District:		

Full Name (Last, First, Middle Initial) B. Le Meridien Philadelphia		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 1421 Arch St		Amount of Each Disbursement this Period 4615.40
City Philadelphia	State PA	
Zip Code 19102	Purpose of Disbursement Lodging	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527744
State: District:		

Full Name (Last, First, Middle Initial) C. Sonoma Restaurant		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 223 Pennsylvania Ave SE		Amount of Each Disbursement this Period 644.00
City Washington	State DC	
Zip Code 20003-1107	Purpose of Disbursement Meals & Beverages	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527705
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 130 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 1055 Smith Street		Amount of Each Disbursement this Period 25.01
City Providence	State RI	
Zip Code 02908	Purpose of Disbursement Gasoline	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527725
State: District:		

Full Name (Last, First, Middle Initial) B. House Gift Shop		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address b218 Longworth House Office Buildi		Amount of Each Disbursement this Period 244.20
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Host Gifts	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527735
State: District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 200.00
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527706
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 131 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Uber Technologies		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 182 Howard Street, Suite 8		Amount of Each Disbursement this Period 6.61
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Taxi Service	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527716
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Expedia		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 525.20
City Bellevue	State WA	
Zip Code 98005	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527726
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Eastside Market		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 165 Pitman Street		Amount of Each Disbursement this Period 48.91
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Meals & Beverages	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527736
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 132 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 3.99
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement In-flight Wi-Fi	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527717
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cumberland Farms		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 751 Hope Street		Amount of Each Disbursement this Period 35.68
City Providence	State RI Zip Code 02906	
Purpose of Disbursement Gasoline	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527727
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 600 North Point Parkway		Amount of Each Disbursement this Period 31.61
City Alpharetta	State GA Zip Code 30022	
Purpose of Disbursement Mobile Phones	Category/Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527737
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 133 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 7.99
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement In-flight Wi-Fi	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527718
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Expedia		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 3150 139th Avenue SE		Amount of Each Disbursement this Period 366.20
City Bellevue	State WA Zip Code 98005	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527728
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. The University Club		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 210 Benefit St		Amount of Each Disbursement this Period 1382.31
City Providence	State RI Zip Code 02903	
Purpose of Disbursement Fundraising Event	Category/Type 003	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D527719
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL 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 134 OF 141			
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Hostway.com		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 100 N Riverside Plz Ste 800		Amount of Each Disbursement this Period 36.95
City Chicago	State IL Zip Code 60606-1564	
Purpose of Disbursement Web Hosting	Category/Type	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527729
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Taste		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 5701-F General Washington Drive		Amount of Each Disbursement this Period 768.50
City Alexandria	State VA Zip Code 22302	
Purpose of Disbursement Fundraiser - Catering	Category/Type 003	<input checked="" type="checkbox"/> Memo Item Transaction ID : D527739
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	<input type="checkbox"/> Memo Item
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	90931.97

**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 135 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527641
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Cmte		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Transfer	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527644
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5000.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D527642
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL 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 136 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Cmte		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Transfer	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527645
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	10000.00

**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 137 OF 141			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. sybil stoller

Full Name (Last, First, Middle Initial)

Mailing Address 1100 rivas canyon road

City State Zip Code
pacific palisades CA 90272

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 21 / 2016

Amount of Each Disbursement this Period
15.00

Memo Item

Transaction ID : D528082

B. Max Brickle

Full Name (Last, First, Middle Initial)

Mailing Address 215 forge road

City State Zip Code
North Kingstown RI 02852

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 15 / 2016

Amount of Each Disbursement this Period
800.00

Memo Item

Transaction ID : D527806

c. Marie J. Langlois

Full Name (Last, First, Middle Initial)

Mailing Address 254 Wayland Ave Apt 1

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 15 / 2016

Amount of Each Disbursement this Period
100.00

Memo Item

Transaction ID : D527807

SUBTOTAL of Disbursements This Page (optional)..... 915.00

TOTAL 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 138 OF 141			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Mr. Arnold B. Chace Jr.			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2016		
Mailing Address 46 Aborn St			Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Memo Item		
City Providence	State RI	Zip Code 02903-3209			
Purpose of Disbursement Contribution Refund			Transaction ID : D528069		
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item		
City	State	Zip Code			
Purpose of Disbursement			Transaction ID : D528069		
Candidate Name					
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item		
City	State	Zip Code			
Purpose of Disbursement			Transaction ID : D528069		
Candidate Name					
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:				

SUBTOTAL of Disbursements This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	2015.00

**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 139 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. Italo American Club Charitable Trust			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2016	
Mailing Address 477 Broadway			Amount of Each Disbursement this Period 100.00	
City Providence	State RI	Zip Code 02909	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Donation		Candidate Name	Transaction ID : D527772	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. San Simon Rhode Island			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016	
Mailing Address 58 Chaucer St			Amount of Each Disbursement this Period 250.00	
City Providence	State RI	Zip Code 02908	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributions		Candidate Name	Transaction ID : D527795	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/ Type		

Full Name (Last, First, Middle Initial) c. Temple Beth-EI			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016	
Mailing Address 70 Orchard Ave			Amount of Each Disbursement this Period 500.00	
City Providence	State RI	Zip Code 02906	<input checked="" type="checkbox"/> Memo Item	
Purpose of Disbursement Donation - 8/5 Amex Payment		Candidate Name	Transaction ID : D527740	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/ Type 012		

SUBTOTAL of Disbursements This Page (optional).....	350.00
TOTAL 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 140 OF 141	
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 2965 W Corporate Lakes Blvd		Amount of Each Disbursement this Period 5100.00
City Weston	State FL	
Zip Code 33331-3626	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D527643
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BRYAN CAFORIO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 24307 MAGIC MOUNTAIN PARKWAY #548		Amount of Each Disbursement this Period 1000.00
City VALENCIA	State CA	
Zip Code 91355	Purpose of Disbursement Contribution	<input checked="" type="checkbox"/> Memo Item
Candidate Name BRYAN CAFORIO	Category/ Type	Transaction ID : D527650
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 25		

Full Name (Last, First, Middle Initial) C. SCOTT PETERS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address PO BOX 75357		Amount of Each Disbursement this Period 1000.00
City WASHINGTON	State DC	
Zip Code 20013	Purpose of Disbursement Contribution	<input checked="" type="checkbox"/> Memo Item
Candidate Name SCOTT PETERS	Category/ Type	Transaction ID : D527646
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 52		

SUBTOTAL of Disbursements This Page (optional).....	5100.00
TOTAL 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 141 OF 141
	<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)
Cicilline Committee

Full Name (Last, First, Middle Initial) A. CAIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address PO BOX 1523		Amount of Each Disbursement this Period 1100.00
City BANGOR	State ME	
Zip Code 04402	Purpose of Disbursement Contribution	<input checked="" type="checkbox"/> Memo Item
Candidate Name EMILY CAIN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527647
State: ME District: 02		

Full Name (Last, First, Middle Initial) B. BRAD ASHFORD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address PO BOX 24023		Amount of Each Disbursement this Period 1000.00
City OMAHA	State NE	
Zip Code 68124	Purpose of Disbursement Contribution	<input checked="" type="checkbox"/> Memo Item
Candidate Name BRAD ASHFORD	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527648
State: NE District: 02		

Full Name (Last, First, Middle Initial) C. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address PO BOX 1041		Amount of Each Disbursement this Period 1000.00
City BRAINERD	State MN	
Zip Code 56401	Purpose of Disbursement Contribution - 8/5 Amex Payment	<input checked="" type="checkbox"/> Memo Item
Candidate Name RICHARD M. NOLAN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D527649
State: MN District: 08		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	5450.00