FEC FORM 3	AND DI	T OF RE SBURSE Authorized Com	MENTS			Office Use Only	
1. NAME OF COMMITTEE (in	full) USE FEC MAII		xample:If typing, typing typing typing typing types the lines	ype			
ADDRESS (number a	Ind street)	21			· · · · ·		
2. FEC IDENTIFIC	CČ) Pawluckel					02860	
C0032614		3. IS THIS REPORT	X NEW (N)		AMEND (A)	STATE V DIS	
July 15 Octobe		Election or	<b>DST</b> -Election Repo	2C)	General (1 Special (12 Runoff (30	2S) in the State of	
5. Covering Period	1001	2007	through	12	3 1	2007	
I certify that I have exactly the second sec	mined this Report and to the TreasurerWillian	e best of my knowled m San Bento, Jr.	lge and belief it is t	rue, correct an	d complete.		
Signature of Treasure		William San Be		Dat		3 1 2 0 Denalties of 2 U.S.C 437g	
Office Use Only						FEC FORM 3 (Revised 02/2003)	

mage# 28930143060		SUMMARY PAGE	
	FEC Form 3 (Revised 02/2003)	of Receipts and Disbursements	Page 2
N	rite or Type Committee Name		
F	riends of Patrick J. Kennedy Inc.		
R	eport Covering the Period: From:	M M D D Y Y Y Y Y 10 01 2007 To: 12	D D Y Y Y Y 31 2007
		COLUMN A This Period Elect	COLUMN B tion Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	220968.09	915604.97
	(b) Total Contribution Refunds (from Line 20(d))	1600.00	15225.00
	<ul><li>(c) Net Contributions (other than loans)</li><li>(subtract Line 6(b) from Line 6(a))</li></ul>	219368.09	900379.97
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	162486.39	765799.73
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	7113.31
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	162486.39	758686.42
8.	Cash on Hand at Close of Reporting Period (from Line 27)	700939.74	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

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

FE5AN018

age# 28930143061 FEC Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name Friends of Patrick J. Kennedy Inc.		
	<sup>M M</sup> 10 D V Y Y Y Y 10 01 2007	To: 12 D D Y Y Y 31 200
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) FROM:	_	
<ul> <li>(a) Individuals/Persons Other Than</li> <li>Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	113227.86	664474.86
(ii) Unitemized	4330.00	9690.00
(iii) TOTAL of contributions from individuals	117557.86	674164.86
(b) Political Party Committees	0.00	7.51
(c) Other Political Committees (such as PACS)	103410.23	241432.60
(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	220968.09	915604.97
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	3222.78
3. 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
4. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	7113.31
5. OTHER RECEIPTS (Dividends, Interest, etc.)	4482.36	21003.86
6. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15)	225450.45	946944.92

#### Image# 28930143062

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 162486.39 765799.73 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 1500.00 15125.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 100.00 100.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 1600.00 15225.00 (add Lines 20(a), (b), and (c))..... 18770.00 129570.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 182856.39 910594.73 (add Lines 17, 18, 19(c), 20(d), and 21)

### III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	658345.68
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	225450.45
25.	SUBTOTAL (add Line 23 and Line 24)	883796.13
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	182856.39
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	700939.74

FE5AN018

FEC FORM 3Z-1 (File with Form 3)

# CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19) (Millionaires' Amendment)

Name of Candidate			Candidate ID Number
Patrick J. Kennedy			H4RI01034
Name of Principal Can Friends of Patrick J. Kenned			Committee ID Number C C00326140
Committee Address P.O. Box 321			
City	State	ZIP	
Pawtucket	RI	02860	
	p	receding the year of the generation of the gener	eral election General
1. Gross receipts of authorize committees		834594.92	112350.00
2. Aggregate amount of contr from personal funds of the		0.00	0.00

SCHEDULE A (I ITEMIZED RECE	EIPTS	Use separate schedule(s) for each category of the Detailed Summary Page may not be sold or used by any pers	FOR LINE NUMBER:       PAGE 6 / 176         (check only one)       Image: Check only one)         X       11a       11b       11c       11d         I       12       13a       13b       14       Image: Check only one)         on for the purpose of soliciting contributions       Image: Check only one)       Image: Check only one)       Image: Check only one)
or for commercial purpos NAME OF COMMITT Friends of Patrick	EE (In Full)	address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First Richard Alcalde Mailing Address 74	, Middle Initial) 42 Old Maple Sq.		Date of Receipt
			12 19 2007
City Mc Lean	State VA	Zip Code 22102	Transaction ID: C33731
FEC ID number of con federal political comm	ntributing		Amount of Each Receipt this Period
Name of Employer Alcalde & Fay Receipt For: X Primary Other (specify)	General		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First Nicholas Allard Mailing Address 25	, Middle Initial) 50 M St. NW		Date of Receipt
City	State	Zip Code	Transaction ID: C33604
Washington	DC	20007	Amount of Each Receipt this Period
FEC ID number of confederal political comm	ttiee. C		1000.00
Name of Employer Patton Boggs LLP	Occup Attorn	ey	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: X Primary Other (specify)	General	on Cycle-to-Date ▼ 1500.00	
Full Name (Last, First Jeffrey R. Alseth	, Middle Initial)		Date of Receipt
Mailing Address 65	5 N. 57th Ave.		M M         /         D D         Y         Y Y         Y </td
City	State	•	Transaction ID: C33640
Omaha FEC ID number of co federal political comm		68132	Amount of Each Receipt this Period
Name of Employer N/A	Occup. Retire		Limit Increased Due to Opponent's
Receipt For: X Primary Other (specify)	General	on Cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts	This Page (optional)		2250.00

	CHEDULE A (FEC Form 3)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7 / 176 (check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14		
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements mane and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
$\left  \right $	NAME OF COMMITTEE (In Full)					
	Friends of Patrick J. Kennedy Inc.					
~	Full Name (Last, First, Middle Initial) S. Murthy Badiga					
	Mailing Address 136 W. Hawk Ave.			12 11 YYYY 12 11 2007		
	City	State	Zip Code	Transaction ID: C33720		
	McAllen	TX	78501	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-employed	Occupatio				
		Physicial		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008 X Primary General	Election	Cycle-to-Date ▼			
	Other (specify)	0 0	500.00			
	Full Name (Last, First, Middle Initial) Valerie L. Baldwin			Date of Receipt		
	Mailing Address 608 Constitution Ave.	. NE		M M / D D / Y Y Y Y 10 22 2007		
	City	State	Zip Code	Transaction ID: C33585		
	Washington	DC	20002	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1300.00		
	Name of Employer Self-employed	Occupatio Consulta		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-r)		
	Cther (specify) ▼	0 0	1300.00			
	Full Name (Last, First, Middle Initial) Gale G. Bataille			Date of Receipt		
	Mailing Address 7170 Saroni Dr.			M M / D D / Y Y Y Y 12 10 2007		
	City	State	Zip Code	Transaction ID: C33692		
	Oakland	CA	94611	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer County of San Mateo Mental Health	Occupatio Director		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼			
	Cther (specify) ▼	0 0	400.00			
	SUBTOTAL of Receipts This Page (optional)	1		2200.00		

	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 176 (check only one) X 11a 11b 11c 11d
Γ	Any information copied from such Reports and	Statements may not be sold or used by any pers e name and address of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	Friends of Patrick J. Kennedy Inc.		
A.	Full Name (Last, First, Middle Initial) Joseph R. Bateman		Date of Receipt
	Mailing Address 106 Shoal Dr.		1 1 / D D / Y Y Y Y 1 1 1 / 0 4
	City	State Zip Code	Transaction ID: C33623
	Carter Lake	IA 51510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Union Pacific Railroad	Occupation	
			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General	Election Cycle-to-Date	
	Other (specify)	250.00	
– В.	Full Name (Last, First, Middle Initial) Roger G. Bensinger		Date of Receipt
	Mailing Address 40223 Tonapah Rd.		M M / D D / Y Y Y Y Y 10 / 06 / 2007
	City	State Zip Code	Transaction ID: C33553
	Rancho Mirage	CA 92270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer N/A	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-Date  T1000.00	
-	Full Name (Last, First, Middle Initial)		
C.	Paul C. Besozzi Mailing Address 9722 Culver St.		Date of Receipt
	City	State Zip Code	Transaction ID: C33580
	Kensington	MD 20895	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Patton Boggs LLP	Occupation Attorney	Limit Increased Due to Opponent's
	Receipt For:     2008       X     Primary     General	Election Cycle-to-Date 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
_	Other (specify)		
	SUBTOTAL of Receipts This Page (optional)		1750.00
	TOTAL This Period (last page this line number	er only)	

	CHEDULE A (FEC Form 3	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 / 176 (check only one)
1	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 1
	Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma he name and ad	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	angle Friends of Patrick J. Kennedy Inc.			
	Full Name (Last, First, Middle Initial) Tina B. Bodine			Date of Receipt
	Mailing Address 159 Beechwood Dr			10 <sup>/</sup> 15 <sup>/</sup> 2007
	City	State	Zip Code	Transaction ID: C33601
	Cranston	RI	02921-3310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CVS	Occupatio	n	_
		Executiv	-	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date ▼	
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Katharine R. Boyce			Date of Receipt
	Mailing Address 106 West Rosemont	Ave.		M M / D D / Y Y Y Y 1 1 0 2 2007
	City	State	Zip Code	Transaction ID: C33606
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Patton Boggs LLP	Occupatio Attorney		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	0 0	750.00	]
	Full Name (Last, First, Middle Initial) Martha B. Braunstein			Date of Receipt
	Mailing Address 3612 John Marshall	Drive		10 <sup>1</sup> 29 <sup>2</sup> 2007
	City	State	Zip Code	Transaction ID: C33733
	Arlington	VA	22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1377.86
	Name of Employer N/A	Occupatio Homema		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	0 0	1377.86	* In-Kind: Reception-Food
	SUBTOTAL of Receipts This Page (optional)			2627.86

Π	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 176           (check only one)         X           X         11a           11b         11c           12         13a           13b         14		
	for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	Friends of Patrick J. Kennedy Inc.				
	Full Name (Last, First, Middle Initial) Matthew Braunstein		Date of Receipt		
	Mailing Address 3612 John Marshall	Drive	10 <sup>//</sup> 10		
	City	State Zip Code	Transaction ID: C33572		
	Arlington	VA 22207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	2300.00		
	Name of Employer L3	Occupation			
		VP Govt. Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008 X Primary General	Election Cycle-to-Date			
	Other (specify) ▼	4600.00			
	Full Name (Last, First, Middle Initial) Matthew Braunstein		Date of Receipt		
	Mailing Address 3612 John Marshall	Drive	10 <sup>//</sup> 10		
	City	State Zip Code	Transaction ID: C33573		
	Arlington	VA 22207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	2300.00		
	Name of Employer L3	Occupation VP Govt. Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 0.5.0. 44 ra(i)/44 ra-1)		
	Primary     X     General       Other (specify)     ▼	4600.00			
	Full Name (Last, First, Middle Initial) Ellen L. Breyer		Date of Receipt		
	Mailing Address 2635 Newton Ave. S	South	M         M         /         D         D         /         Y		
	City	State Zip Code	Transaction ID: C33653		
	Minneapolis	MN 55405	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	250.00		
	Name of Employer Hazelden	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1		
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-Date 250.00	Spending (2 0.5.0. 441d(I)/441d-1)		
		)	4850.00		

SCHEDULE A (FEC Form 3	<b>B</b> ) Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 176 (check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any perso ng the name and address of any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)					
Friends of Patrick J. Kennedy Inc	ч.				
Full Name (Last, First, Middle Initial) A. William J. Burke					
Mailing Address 3717 N. Vermont	St.	M M / D D / Y Y Y Y 12 07 2007			
City	State Zip Code	Transaction ID: C33662			
Arlington	VA 22207	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	2000.00			
Name of Employer	Occupation	-			
Washington Group	VP of Govt Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2008	Election Cycle-to-Date				
X     Primary     General       Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial) Alonzo Cantu		Date of Receipt			
Mailing Address PO Box 2673		12 11 2007			
City	State Zip Code	Transaction ID: C33704			
McAllen	TX 78502-2673	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	2300.00			
Name of Employer Self-employed	Occupation CEO	Limit Increased Due to Opponent's			
Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)			
X     Primary     General       Other (specify) ▼	2300.00				
Full Name (Last, First, Middle Initial) C. Yolanda R. Cantu		Date of Receipt			
Mailing Address 5400 N. Cynthia		M M / D D / Y Y Y Y 12 11 2007			
City	State Zip Code	Transaction ID: C33703			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		2300.00			
Name of Employer Self-employed	Occupation Business Owner	Limit Increased Due to Opponent's			
Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)			
X     Primary     General       Other (specify) ▼	2300.00				
SUBTOTAL of Receipts This Page (ontic	nal)	6600.00			
	Imber only)				

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12 / 176         (check only one)       X         X       11a         11b       11c		
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	12     13a     13b     14     15       n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.					
Α.	Full Name (Last, First, Middle Initial) Jay M. Cashman					
	Mailing Address 549 South St. P.O. Box 692396			10 <sup>//</sup> 08 <sup>/</sup> 2007		
	City Quincy	State MA	Zip Code 02269	Transaction ID: C33539		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer         Jay Cashman Construction         Receipt For:       2008         Primary       X General         Other (specify) ▼	Occupatio Presiden Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
B.	Full Name (Last, First, Middle Initial) Jay M. Cashman Mailing Address 549 South St. P.O. Box 692396	I		Date of Receipt		
	City	State	Zip Code	Transaction ID: C33538		
	Quincy FEC ID number of contributing	MA	02269	Amount of Each Receipt this Period		
	federal political committee.	C		2700.00		
	Name of Employer Jay Cashman Construction Receipt For: 2008	Occupatio Presiden		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General Other (specify) ▼		4600.00	Refund issued this period		
C.	Full Name (Last, First, Middle Initial) James P. Cavanaugh Mailing Address 1905 Harney St. Suite	710		Date of Receipt		
	City	State	Zip Code	Transaction ID: C33619		
	Omaha FEC ID number of contributing federal political committee.	C	68102	Amount of Each Receipt this Period		
	Name of Employer Self-employed	Occupatio Attorney	n	Limit Increased Due to Opponent's		
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election C	Cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)		
	SUBTOTAL of Receipts This Page (optional)			5250.00		
	TOTAL This Period (last page this line number	only)				

				[]
	SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 176
	• • •		for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
			Dotaliou Cultural y Lago	12 13a 13b 14 15
	Any information copied from such Reports and S	Statements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) Nicholas G. Cavarocchi			Date of Receipt
	Mailing Address 817 G St. NW			M M / D D / Y Y Y Y 10 04 2007
	City	State	Zip Code	Transaction ID: C33548
	Washington	DC	20024	Amount of Each Receipt this Period
		0	20024	Amount of Each Receipt this Fehou
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cavarocchi Ruscio Dennis	Occupatio	on	-
	Cavarocchi Ruścio Dennis Associate	Partner		Limit Increased Due to Opponent's
	Receipt For: 2008		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial)			
В.	Gavin M. Clingham			Date of Receipt
	Mailing Address 5109 44th St. NW	12 10 Y Y Y Y 12 10 2007		
	City	State	Zip Code	Transaction ID: C33700
	Washington	DC	20016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	-
	DCI Group	Attorney		Limit Increased Due to Opponent's
	Receipt For: 2008		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			-
	Other (specify) ▼	0 0	500.00	
с.	Full Name (Last, First, Middle Initial) Thomas R. Coderre	1		Date of Receipt
0.	Mailing Address P.O. Box 111			
	Maining Address F.O. Box 111			10 17 2007
	City	State	Zip Code	Transaction ID: C33567
	Pawtucket	RI	02862	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Faces & Voices of Recovery	Occupatio	on	
	Faces & voices of Recovery	National	Field Director	Limit Increased Due to Opponent's
	Receipt For: 2008	Election (	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		4000.00	1
	Other (specify)		1000.00	1
	SUBTOTAL of Receipts This Page (optional)	1		2000.00
	TOTAL This Period (last page this line number	r only)		

S	CHEDULE A (FEC Form 3)	N N		FOR LINE NUMBER: PAGE 14 / 176
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 1
	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma he name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Priends of Patrick J. Kennedy Inc.			
· /	Full Name (Last, First, Middle Initial) Javier E. Cortinas			Date of Receipt
	Mailing Address 1400 Northgate Ln.			M M / D D / Y Y Y Y 12 11 2007
	City	State	Zip Code	Transaction ID: C33715
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	
	Self-employed	Physicia		Limit Increased Due to Opponent's
	Receipt For: 2008	Election (	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	1		
	Other (specify)	0 0	250.00	1
	Full Name (Last, First, Middle Initial) Daniel Daly			Date of Receipt
	Mailing Address 4775 County Rd.			1 1 0 4 2 0 0 7
	City	State	Zip Code	Transaction ID: C33615
	Fort Calhoun	NE	68023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	-
	Father Flanagan's Boys Ho- me	Director	of Youth Care	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election (	Cycle-to-Date 🔻	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	X     Primary     General       Other (specify) ▼	0 0	250.00	]
	Full Name (Last, First, Middle Initial) Douglas B. Davenport			Date of Receipt
•	Mailing Address 1155 23rd St Nw			10 22 2007
	Apt 5M City	State	Zip Code	Transaction ID: C33575
	Washington	DC	20037-3306	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer DCI Group LLC	Occupation Partner	on	Limit Increased Due to Opponent's
	Receipt For: 2008		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		1000.00	1
	Other (specify) <b>v</b>		1000.00	
		1		

	CHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 15 / 176 (check only one)
17	<b>TEMIZED RECEIPTS</b>	for each category of the Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 1
A o	ny information copied from such Reports an r for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
$\square$	NAME OF COMMITTEE (In Full)		
	Friends of Patrick J. Kennedy Inc.		
, <b>,</b>	Full Name (Last, First, Middle Initial) Diane De Noncour		Date of Receipt
	Mailing Address 20 Riata Dr.		12 0 0 7 Y Y Y Y Y 12 30 2007
	City	State Zip Code	Transaction ID: C33744
	Lincoln	RI 02865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2300.00
	Name of Employer Blackstone Valley Surgical	Occupation	
	Blackstone Valley Surgical	R.N.	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify)     ▼	4600.00	]
	Full Name (Last, First, Middle Initial) Diane De Noncour		Date of Receipt
	Mailing Address 20 Riata Dr.		1 2 3 0 2 0 0 7
	City	State Zip Code	Transaction ID: C33745
	Lincoln	RI 02865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2300.00
	Name of Employer Blackstone Valley Surgical	Occupation R.N.	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)	4600.00	]
	Full Name (Last, First, Middle Initial) Lyle Dennis		Date of Receipt
	Mailing Address 11515 Noah's Land	ing Court	M M / D D / Y Y Y Y 10 04 2007
	City	State Zip Code	Transaction ID: C33550
	Washington	DC 20012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Cavarocchi Ruscio Dennis	Occupation	
	Associate	Partner	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	500.00	]
Γ			5100.00

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 16 / 176 (check only one) X 11a 11b 11c 11d
Any	v information copied from such Reports and	Statements may not be	sold or used by any perso	n for the purpose of soliciting contributions
	or commercial purposes, other than using the	ne name and address of	any political committee to	solicit contributions from such committee.
$  \rangle$	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
	Full Name (Last, First, Middle Initial) Jean G. Denton			Date of Receipt
	Mailing Address 15 9th St. SE			M M / D D / Y Y Y Y Y 10 22 2007
	City	State Zi	o Code	Transaction ID: C33584
-	Washington	DC 20	0003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
Ī	Name of Employer	Occupation		-
-	Copeland & Lowery	Partner		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-	Date 🔻	
	Primary     X     General       Other (specify)     T		4600.00	
	Full Name (Last, First, Middle Initial) Jean G. Denton			Date of Receipt
-	Mailing Address 15 9th St. SE			M M / D D / Y Y Y Y 10 22 2007
	City	State Zi	o Code	Transaction ID: C33583
-	Washington	DC 20	0003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
Ī	Name of Employer Copeland & Lowery	Occupation Partner		Limit Increased Due to Opponent's
ļ	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-	Date ▼ 4600.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Dale P. Dirks			Date of Receipt
-	Mailing Address 507 Capitol Court NE Suite 200	E		M M / D D / Y Y Y Y 10 04 2007
	City		o Code	Transaction ID: C33542
-	Washington	DC 20	0002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
-	Name of Employer Health & Medicine Counsel of Washi Receipt For: 2008	Occupation President Election Cycle-to-	Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X   Primary   General     Other (specify) ▼		500.00	
	IBTOTAL of Receipts This Page (optional)	1		5100.00

C	CHEDIII E A (EEC Form 2	)	FOR LINE NUMBER: PAGE 17 / 176
SCHEDULE A (FEC Form 3			(check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 11d
			12 13a 13b 14
Aı or	ny information copied from such Reports an for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)		
	Friends of Patrick J. Kennedy Inc.		
<u> </u>	Full Name (Last, First, Middle Initial) Eugenio G. Galindo Family Partnership		Date of Receipt
	Mailing Address 2601 Solera		12 / 11 / Y Y Y Y 12 007
	City	State Zip Code	Transaction ID: C33719
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
			Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify)	500.00	Refund issued subsequent period
	Full Name (Last, First, Middle Initial) Curtis A. Field		Date of Receipt
	Mailing Address 806 120th Ave.		1 1 0 4 2 0 0 7
	City	State Zip Code	Transaction ID: C33621
	Omaha	NE 68154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Prochaska & Associates	Occupation	
		Architect	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	
	X     Primary     General       Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Michael A. Forscey		Date of Receipt
	Mailing Address 818 Connecticut Ave Suite 1004	e. NW	10 <sup>1</sup> 04 <sup>1</sup> 2007
	City	State Zip Code	Transaction ID: C33554
	Washington	DC 20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Forscey & Stinson	Occupation Attorney	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	500.00	

S	CHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 18 / 176
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
••		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14
A	ny information copied from such Reports and r for commercial purposes, other than using t	d Statements may not be sold or used by any perso he name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	Friends of Patrick J. Kennedy Inc.		
~	Full Name (Last, First, Middle Initial) Robert A. Forse		Date of Receipt
	Mailing Address 8626 County Rd. P3	2	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: C33617
	Fort Calhoun	NE 68023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Creighton University Medi- cal Cente	Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	Opending (2 0.3.0. 441d(1)/441d-1)
	X     Primary     General       Other (specify) ▼	250.00	]
	Full Name (Last, First, Middle Initial) Craig R. Fox		Date of Receipt
	Mailing Address 1309 Palisades Beau	M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: C33656
	Santa Monica	CA 90401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer UCLA	Occupation Associate Professor	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	1000.00	]
	Full Name (Last, First, Middle Initial) David Geffen		Date of Receipt
	Mailing Address 12011 San Vicente Blvd. Suite 606		M M / D D / Y Y Y Y 10 12 2007
	City	State Zip Code	Transaction ID: C33571
	Los Angeles	CA 90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Dream Works Studios	Occupation CEO	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	1000.00	]
		L	2250.00

	CHEDULE A (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19 / 176 (check only one)	
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 11	
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
<u>ل</u> ار ۸.	Full Name (Last, First, Middle Initial) Lawrence R. Gelman		Date of Receipt	
	Mailing Address 3900 Sundown Dr.		M M / D D / Y Y Y Y 12 11 2 2007	
	City	State Zip Code	Transaction ID: C33714	
	McAllen	TX 78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	2300.00	
	Name of Employer Self-employed	Occupation	1	
	Receipt For: 2008	Physician Election Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General	Election Cycle-to-Date		
	Other (specify)	2300.00		
	Full Name (Last, First, Middle Initial) Cynthia C. Gonzalez		Date of Receipt	
	Mailing Address 2216 Fuente De Gozo	)	M M / D D / Y Y Y Y 12 11 2 2007	
	City	State Zip Code	Transaction ID: C33708	
	Edinburg	TX 78539	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer Pinkerman & Gonzalez	Occupation Psychologist	Limit Increased Due to Opponent's	
	Receipt For: 2008	Election Cycle-to-Date		
	X Primary General Other (specify) ▼	500.00		
. —	Full Name (Last, First, Middle Initial) Sandra L. Goodwin		Date of Receipt	
	Mailing Address P.O. Box 831		M M / D D / Y Y Y Y 12 10 2007	
	City	State Zip Code	Transaction ID: C33688	
	Applegate	CA 95703	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	500.00	
	Name of Employer CA Institute for Mental	Occupation		
	Health Receipt For: 2008	Executive Director Election Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General			
	Other (specify)	500.00		
		1	3300.00	

CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 176
TEMIZED RECEIPTS	for each category of the	(check only one)
I EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 11d
		12 13a 13b 14
Any information copied from such Reports and	Statements may not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Friends of Patrick J. Kennedy Inc.		
		-
Full Name (Last, First, Middle Initial)		
John K. Green		Date of Receipt
Mailing Address Lake Regency Bldg. 444 Regency Parkwa		1 1 0 4 2 0 0 7
City	State Zip Code	Transaction ID: C33618
Omaha	NE 68114	
	NE 08114	Amount of Each Receipt this Period
FEC ID number of contributing	C	250.00
federal political committee.		
Name of Employer	Occupation	7
Self-employed	Attorney	Limit Increased Due to Opponent's
Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)		
Paul Greenberg	Date of Receipt	
Mailing Address 10220 Old Columbia		
	12 11 2007	
City	State Zip Code	Transaction ID: C33724
<u>Columbia</u>	MD 21046	Amount of Each Receipt this Period
FEC ID number of contributing	С	2300.00
federal political committee.		
Name of Employer Beamhit	Occupation	-
Beamhit	President	Limit Increased Due to Opponent's
Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify)	2300.00	
Full Name (Last, First, Middle Initial)	-	
Alfonso Guida, Jr.		Date of Receipt
Mailing Address 1818 13th St. NW		
<b>O</b> :h.		10 17 2007
City	State Zip Code	Transaction ID: C33563
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing	С	1000.00
federal political committee.		
Name of Employer	Occupation	1
Guide Consulting	President	Limit Increased Due to Opponent's
Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		
Other (specify)	1000.00	
		1
SUBTOTAL of Receipts This Page (optional)	·····	3550.00

ľ	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 21 / 176         (check only one)       11a         X       11a       11b       11c       11d         12       13a       13b       14       15
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	angle Friends of Patrick J. Kennedy Inc.		
Α.	Full Name (Last, First, Middle Initial) Mary T. Haddad		Date of Receipt
	Mailing Address 4008 Burns Dr. South		1 2 / D D / Y Y Y Y 1 1 2 / 1 1 / 2 0 0 7
	City	State Zip Code	Transaction ID: C33710
		TX 78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1000.00
	Name of Employer N/A	Occupation	
	Receipt For: 2008	Homemaker Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		
	Other (specify)	1000.00	
— В.	Full Name (Last, First, Middle Initial) J. Michael Hall	1	Date of Receipt
	Mailing Address 900 26th PI. South		M M / D D / Y Y Y Y Y 10 17 2007
	City	State Zip Code	Transaction ID: C33560
	Arlington	VA 22202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Madison Associates LLC	Occupation Principal	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 0.3.0. 44 ra(i)/44 ra- r)
	X     Primary     General       Other (specify) ▼	350.00	
– C.	Full Name (Last, First, Middle Initial) Laurence E. Harris		Date of Receipt
	Mailing Address 10009 Chartwell Manc	or Court	M M / D D / Y Y Y Y 11 1 02 2007
	City	State Zip Code	Transaction ID: C33605
	Potomac	MD 20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Patton Boggs	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	X     Primary     General       Other (specify) ▼	1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	2350.00
	TOTAL This Period (last page this line number		

or for commercial jumpses, other than using the name and address of any political committies to solicit cohiributions from such committee.         NAME OF COMMITTEE (in Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Mailing Address 8 Alexander St.         City         City         Alexandria         VA       221 ( 2007)         Transaction ID: C03578         Alexandria       VA         PEC Drumber of contributing federal political committee.         Query of Employer         State       Zip Code         Name of Employer         Coupanion         Receipt For:       2008         Full Name (Last, First, Middle Initial)         Alexis G. Horan         Maling Address 1759 Park Rd. NW         City       State         Zip Code         Male Address 1759 Park Rd. NW         City       State         Name of Employer         Receipt For:       2008         Primary       General         Other (specify) *       C         Name (Last, First, Middle Initial)         Adverse 1759 Park Rd. NW       C         City       State       Zip Code	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	d Statements may not be sold or used by any perso	FOR LINE NUMBER:       PAGE 22 / 176         (check only one)
A.       Jill Y. Hoger       Date of Receipt         Mailing Address & Alexander St.       Transaction ID: C33578         City       State       Zip Code         Alexandria       VA       2214         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt IN Period         Name of Employer       Occupation       Couplation       Spending (2 U.S.C. 441a()/441a-1)         Name of Employer       Couplation       Z50.00       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a()/441a-1)         Name of Employer       Cocupation       Z50.00       Date of Receipt         Naming Address 1759 Park Rd. NW       C       Transaction ID: C33590         Mailing Address 1759 Park Rd. NW       C       Z50.00         City       State       Zip Code         Name (Last, First, Middle Initial)       DC       20010         Receipt For:       2008       Election Cycle-to-Date ▼         Name (Last, First, Middle Initial)       DC       20010         Vinderal political committee.       C       Information Requested         Information Requested       Information Cycle-to-Date ▼       C         Name (Last, First, Middle Initial)       State       Zip Code       Transaction ID: C33716         Mail	NAME OF COMMITTEE (In Full)		
B.       Alexis G. Horan       Date of Receipt         Mailing Address       1759 Park Rd. NW       10       17       2007         City       State       Zip Code       Transaction ID: C33590         Washington       DC       20010       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         Name of Employer       Other (specify) ▼       250.00       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         X       Primary       General       Other (specify) ▼       Date of Receipt         Mailing Address       P.O. Box 1986       TX       78505         FEC ID number of contributing federal political committee.       C       Transaction ID: C33716         McAllen       TX       78505       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       Occupation Psychiatrist       Election Cycle-to-Date ▼         Name of Employer       Occupation Psychiatrist       Election Cycle-to-Date ▼       Simulation federal political committee.         Name of Employer       C       State       Zip Code       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.	A. Jill Y. Hopper Mailing Address 8 Alexander St. City Alexandria FEC ID number of contributing federal political committee. Name of Employer SRA Receipt For: 2008 X Primary General	VA     22314       C       Occupation       Government Affairs       Election Cycle-to-Date	M       M       P       D       Y
C.       Jose E. Igoa       Date of Receipt         Mailing Address       P.O. Box 1986       11       2007         City       State       Zip Code       Transaction ID: C33716         McAllen       TX       78505       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       500.00         Name of Employer Self-employed       Occupation Psychiatrist       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         X       Primary       General       500.00       1000.00	Alexis G. Horan         Mailing Address       1759 Park Rd. NW         City       Washington         FEC ID number of contributing federal political committee.         Name of Employer Information Requested         Receipt For:       2008         X       Primary         General	DC     20010       C     Occupation       Information Requested       Election Cycle-to-Date	M       M       /       D       D       /       Y
SUBTOTAL of Receipts This Page (optional)	C. Jose E. Igoa Mailing Address P.O. Box 1986 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: 2008 X Primary General	TX     78505       C       Occupation       Psychiatrist       Election Cycle-to-Date	M       M       /       D       D       /       Y
	SUBTOTAL of Receipts This Page (optiona	I)	1000.00

	IEDULE A (FEC Form 3 ) <b>AIZED RECEIPTS</b> formation copied from such Reports and Sta	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 23 / 176           (check only one)         (check only one)           X         11a         11b         11c         11d           12         13a         13b         14         15           on for the purpose of soliciting contributions         110         110         110
or for o	commercial purposes, other than using the n ME OF COMMITTEE (In Full) iends of Patrick J. Kennedy Inc.	name and add	dress of any political committee to	solicit contributions from such committee.
<b>A.</b> <u>Ch</u>	Il Name (Last, First, Middle Initial) arles S. Ingoglia iling Address 12300 Twinbrook Parkw Suite 320	vay State	Zin Codo	Date of Receipt $ \begin{array}{c}                                     $
	y ockville	MD	Zip Code 20852	Transaction ID: C33569
FE	C ID number of contributing leral political committee.	C		Amount of Each Receipt this Period
Ntl <u>Be</u> Re	me of Employer Council for Community havior ceipt For: 2008 ⟨ Primary General Other (specify) ▼	Occupation VP Public Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Jic	II Name (Last, First, Middle Initial) arilla Apache Tribe iling Address P.O. Box 507			Date of Receipt
Cit	N/	State	Zip Code	
	y ulce	NM	87528	Transaction ID: C33739 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	С		2000.00
	me of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	ceipt For: 2008 C Primary General Other (specify) ♥	Election C	ycle-to-Date ▼ 2000.00	Funds Permissible Under the Act
	I Name (Last, First, Middle Initial) zabeth L. Keesal			Date of Receipt
	iling Address 4 Portuguese Bend Rd.			M M / D D / Y Y Y Y 10 / 08 2007
Cit	-	State	Zip Code	Transaction ID: C33536
FE	Dlling Hills C ID number of contributing leral political committee.	CA	90274	Amount of Each Receipt this Period
N//		Occupation Homema	ker	Limit Increased Due to Opponent's
	ceipt For: 2008 ⟨ Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUB	L FOTAL of Receipts This Page (optional)			3500.00
	AL This Period (last page this line number of		· · · · · · · · · · · · · · · · · · ·	

	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 24 / 176         (check only one)
(	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may the name and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
∠ A.	Full Name (Last, First, Middle Initial) Michael King			Date of Receipt
	Mailing Address 15332 Antioch St. Su	lite 108		12 07 Y Y Y Y 12 07
	City	State	Zip Code	Transaction ID: C33663
	Pacific Palisades	CA	90272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer King World	Occupation		
	-	President	ula ta Data 🗮	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cy	vcle-to-Date ▼	
	Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dale K. Klatzker			Date of Receipt
	Mailing Address 27 Peeptoad Rd			M M / D D / Y Y Y Y 10 17 2007
	City	State	Zip Code	Transaction ID: C33559
	Scituate	RI	02857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence Center	Occupation CEO		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cy	rcle-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Bret Koplow			Date of Receipt
	Mailing Address 418 S. Capitol St. SE			M M / D D / Y Y Y Y Y 1 1 0 2 2 0 0 7
	City	State	Zip Code	Transaction ID: C33609
	Washington	DC	20003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Patton Boggs LLP	Occupation Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cy	rcle-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1500.00

S	CHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 25 / 176
		Use separate schedule(s) for each category of the	(check only one)
1	<b>TEMIZED RECEIPTS</b>	Detailed Summary Page	X 11a 11b 11c 11d
			12 13a 13b 14 1
A O	ny information copied from such Reports and r for commercial purposes, other than using the time of time of time of the time of t	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	Friends of Patrick J. Kennedy Inc.		
. <u> </u>	Full Name (Last, First, Middle Initial) Alan G. Kraut		Date of Receipt
	Mailing Address 8803 Cord Cir.		10 17 <u>YYYY</u> 100 17
	City	State Zip Code	Transaction ID: C33561
	Potomac	MD 20854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	American Psychological So- ciety	Psychologist	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	050.00	
	Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Evelia Kudisch		Date of Receipt
	Mailing Address P.O. Box 2078		M M / D D / Y Y Y Y 1 2 11 2 2 0 0 7
	City	State Zip Code	Transaction ID: C33707
	McAllen	TX 78505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Valley Family Guidance Ce- nter	Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	
	X Primary General Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Hossein Lahiji		Date of Receipt
•	Mailing Address 801 E. Nolana Suite 20		
	City	State Zip Code	Transaction ID: C33718
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		500.00
	Name of Employer Self-employed	Occupation Physician	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		
	Other (specify)	500.00	
		-	1250.00

S	SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 26 / 176
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 11
	Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	Friends of Patrick J. Kennedy Inc.		
	Full Name (Last, First, Middle Initial) Gail K. Lieberfarb		Date of Receipt
	Mailing Address 684 MacCulloch Dr.		M M / D D / Y Y Y Y 11 1 27 2007
	City	State Zip Code	Transaction ID: C33658
	Los Angeles	CA 90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1200.00
	Name of Employer	Occupation	—
	National Mental Health Aw- areness	Chair	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify)     ▼	3500.00	
-	Full Name (Last, First, Middle Initial) Gail K. Lieberfarb		Date of Receipt
	Mailing Address 684 MacCulloch Dr.		M M / D D / Y Y Y Y 111 27 2007
	City	State Zip Code	Transaction ID: C33657
	Los Angeles	CA 90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		1300.00
	Name of Employer National Mental Health Aw- areness	Occupation Chair	Limit Increased Due to Opponent's
	Receipt For:2008	Election Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	3500.00	
_	Full Name (Last, First, Middle Initial) Warren Lieberfarb		Date of Receipt
	Mailing Address 684 MacCulloch Dr.		M M / D D / Y Y Y Y 111 27 2007
	City	State Zip Code	Transaction ID: C33660
	Los Angeles	CA 90049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Warren Lieberfarb & Assoc- iates	Occupation President	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify)     ▼	2500.00	
Γ		)	2700.00

	SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 27 / 176         (check only one)
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Α.	Full Name (Last, First, Middle Initial) Warren Lieberfarb		Date of Receipt
	Mailing Address 684 MacCulloch Dr.		1 1 <sup>D</sup> 27 <sup>Y</sup> 2007
	City Los Angeles	State Zip Code CA 90049	Transaction ID: C33659
	FEC ID number of contributing federal political committee.	CA 90049	Amount of Each Receipt this Period 2300.00
	Name of Employer Warren Lieberfarb & Assoc- iates Receipt For: 2008 X Primary General Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Anne E. Linton Mailing Address 4601 North Park Ave. 710		Date of Receipt
	City	State Zip Code	Transaction ID: C33579
	Chevy Chase	MD 20815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer         Patton Boggs LLP         Receipt For:       2008         X       Primary       General         Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) Little Traverse Bay Bands of Odawa Indians Mailing Address 7500 Odawa Circle		Date of Receipt
	City	State Zip Code	Transaction ID: C33729
	Harbor Springs	MI 49740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-Date 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)     Funds Permissible Under     the Act
	SUBTOTAL of Receipts This Page (optional)		4300.00
	TOTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 28 / 176           (check only one)         X           X         11a           11b         11c
		Statements may not be sold or used by any per re name and address of any political committee	
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
. Z	Full Name (Last, First, Middle Initial) Steven C. Lockard		Date of Receipt
	Mailing Address 8618 N. Farview Dr.		M M / D D / Y Y Y Y 11 29 2007
	City	State Zip Code	Transaction ID: C33672
	Scottsdale	AZ 85258	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer TPI Composites	Occupation	
	Receipt For: 2008	President Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	1750.00	
_	Full Name (Last, First, Middle Initial) LS Investments		Date of Receipt
	Mailing Address 801 North Jackson R	d.	M M / D D / Y Y Y Y 12 11 2 2007
	City	State Zip Code	Transaction ID: C33702
	McAllen	TX 78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	1000.00	Refund issued subsequent period
_	Full Name (Last, First, Middle Initial) Carol A. McDaid		Date of Receipt
	Mailing Address 2800 Woodley Rd. Apt. 508		10 <sup>1</sup> 23 <sup>1</sup> 2007
	City	State Zip Code	Transaction ID: C33589
	Washington	DC 20008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Capitol Decisions Inc.	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-Date  1000.00	
	SUBTOTAL of Receipts This Page (optional)		2500.00

	SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 29 / 176
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	
[	Any information copied from such Reports and S	tatements may not be sold or used by any perso	n 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.
	Friends of Patrick J. Kennedy Inc.		
, A.	Full Name (Last, First, Middle Initial) Eileen M. McGrath		Date of Receipt
	Mailing Address 201 MacArthur Rd.		10 <sup>//</sup> 17 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: C33591
	Alexandria	VA 22305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer	Occupation	-
	Information Requested	Information Requested	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	250.00	
	Other (specify)		1
в.	Full Name (Last, First, Middle Initial) Gregory Mercurio, Jr.		Date of Receipt
υ.	Mailing Address 1800 Mineral Spring A	ve.	
	P.O. Box 309		12 29 2007
	City	State Zip Code	Transaction ID: C33743
	North Providence	RI 02904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2300.00
	Name of Employer Biotechnology, Integration	Occupation	7
	& Manag	President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General	Election Cycle-to-Date	
	Other (specify) ▼	4600.00	
- с.	Full Name (Last, First, Middle Initial) Gregory Mercurio, Jr.		Date of Receipt
	Mailing Address 1800 Mineral Spring A	ve.	M M / D D / Y Y Y Y 12 29 2007
	P.O. Box 309 City	State Zip Code	Transaction ID: C33742
	North Providence	RI 02904	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.		2300.00
	Name of Employer Biotechnology, Integration	Occupation	
	& Manag	President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General	Election Cycle-to-Date	
	Other (specify) ▼	4600.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	4850.00
ŀ		<b>-</b>	
	TOTAL This Period (last page this line number	only)	

ITEMIZED R	ied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any pers	(check only one) X 11a 11b 1 12 13a 1 on for the purpose of soliciting	PAGE 30 / 176 1c 11d 3b 14 1 contributions
	urposes, other than using the MITTEE (In Full) trick J. Kennedy Inc.	e name and add	dress of any political committee to	o solicit contributions from suc	h committee.
Mark J. Mioduski	First, Middle Initial) 2080 N Oakland St			Date of Receipt	Y Y Y Y Y 2007
City		State	Zip Code	Transaction ID: C335	
Arlington		VA	22207-3667	Amount of Each Receip	
FEC ID number federal political of		C			500.00
Name of Employ Cornerstone Go Receipt For: X Primary Other (spe	vt. Affairs 2008 General	Occupation Vice Pres Election C		Limit Increased Due Spending (2 U.S.C.	
Mark Montella	First, Middle Initial) 12 Anderson Dr.	I		Date of Receipt	Y Y Y Y 2007
City		State	Zip Code	Transaction ID: C335	
Barrington		RI	02806	Amount of Each Receip	
FEC ID number federal political o		C			1250.00
Name of Employ Lifespan	er		ce President	Limit Increased Due	
Receipt For: X Primary Other (spe	2008 General ccify) <b>▼</b>	Election C	ycle-to-Date ▼ 1250.00		++ (a(1)/++ (a-1)
Full Name (Last Ron Ober	First, Middle Initial)			Date of Receipt	
Mailing Address	10316 N. 50th St.			M M / D D / 11 29	2007
City		State	Zip Code	Transaction ID: C336	
Paradise Vall FEC ID number federal political o	of contributing	AZ	85253	Amount of Each Receip	ot this Period 500.00
Name of Employ Green Tree Pro	er oerties	Occupation Presiden		Limit Increased Due	
Receipt For: X Primary Other (spe	2008 General cify) <b>▼</b>	Election C	ycle-to-Date ▼ 500.00	Spending (2 U.S.C.	441a(I)/441a-1)
SUBTOTAL of Re	ceipts This Page (optional)				2250.00

ſ	CHEDULE A (FEC Form 3 TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 31 / 176         (check only one)       (check only one)         X       11a       11b       11c       11d         12       13a       13b       14       1         con for the purpose of soliciting contributions
	r for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	he name and address of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) George G. Olsen Mailing Address 1155 21st St. NW St		Date of Receipt
	City	State Zip Code	Transaction ID: C33558
	Washington	DC 20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Williams & Jensen PLLC Receipt For: 2008	Occupation Attorney Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	1000.00	
. –	Full Name (Last, First, Middle Initial) Miguel A. Oneto		Date of Receipt
	Mailing Address 6804 N. 1st St.		M M / D D / Y Y Y Y 12 / 21 / 2007
	City	State Zip Code	Transaction ID: C33730
	McAllen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Quality Radiology	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-Date 500.00	
	Full Name (Last, First, Middle Initial) Paskenta Band of Nomlaki Indians		Date of Receipt
	Mailing Address 1012 South St.		M M / D D / Y Y Y Y 111 05 2007
	City	State Zip Code	Transaction ID: C33636
	Orland	CA 95963	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2250.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify) ▼	4550.00	Funds Permissible Under the Act
Γ			3750.00

ITE	HEDULE A (FEC Form 3 ) MIZED RECEIPTS	ratements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 32 / 176           (check only one)         X           X         11a           12         13a           13b         14           14         11
or for	AME OF COMMITTEE (In Full) riends of Patrick J. Kennedy Inc.	name and add	ress of any political committee to	solicit contributions from such committee.
<b>4.</b> <u>Pa</u>	ull Name (Last, First, Middle Initial) askenta Band of Nomlaki Indians ailing Address 1012 South St.			Date of Receipt
Ci	ity	State	Zip Code	Transaction ID: C33635
<u>0</u>	Prland	CA	95963	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		2300.00
Na	ame of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	eceipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 4550.00	Funds Permissible Under the Act
<b>3.</b> <u>Di</u>	ull Name (Last, First, Middle Initial) iamantina G. Pena ailing Address 905 Huisache Court			Date of Receipt
Ci	ity	State	Zip Code	12         11         2007           Transaction ID:         C33721
	harr	TX	78577	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
N	ame of Employer /A	Occupation Homemal	ker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	eceipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 500.00	
	III Name (Last, First, Middle Initial) Dise F. Pena			Date of Receipt
	ailing Address 100 Bluebird Ave.			M M / D D / Y Y Y Y 12 / 11 / 2007
Ci	ity IcAllen	State TX	Zip Code 78502	Transaction ID: C33709 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C		
	ame of Employer elf-employed	Occupation Physician		Limit Increased Due to Opponent's
	eceipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUB	TOTAL of Receipts This Page (optional)			3800.00

ITEMIZED RE	ed from such Reports and St	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 33 / 176         (check only one)       11a         X       11a         12       13a         13b       14         15         on for the purpose of soliciting contributions         solicit contributions from such committee.
	•			
Full Name (Last, Kenneth A. Picern Mailing Address	First, Middle Initial) e 30950 Rancho Viejo Rc Suite 200	J.		Date of Receipt
City		State	Zip Code	Transaction ID: C33723
<u>San Juan Cap</u>	istran	CA	92675	Amount of Each Receipt this Period
FEC ID number of federal political co		C		2300.00
Name of Employe Picerne Associat Receipt For: Primary Other (spec	2008 X General	Occupation Investor Election C	n ycle-to-Date ▼ 4600.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, Kenneth A. Picern Mailing Address	First, Middle Initial) e 30950 Rancho Viejo Ro	J.		Date of Receipt
	Suite 200			12 11 2007
City		State	Zip Code	Transaction ID: C33722
<u>San Juan Cap</u>	Istran	CA	92675	Amount of Each Receipt this Period
FEC ID number of federal political co		C		2300.00
Name of Employe Picerne Associat Receipt For:	er es 2008	Occupation Investor	n yycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary Other (spec	General		4600.00	]
Full Name (Last, John P. Ragan	First, Middle Initial)			Date of Receipt
Mailing Address	307 E. Royal Palm Rd.			12 / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City		State	Zip Code	Transaction ID: C33668
Phoenix FEC ID number of		AZ	85020	Amount of Each Receipt this Period
federal political co Name of Employe TPI Composites		Occupation	1	
Receipt For: Primary Other (spec	2008 X General		Military Programs ycle-to-Date ▼ 4000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Rec	eipts This Page (optional)			6300.00
TOTAL This Period	d (last page this line number c	only)	······	

				FOR LINE NUMBER: PAGE 34 / 176
	SCHEDULE A (FEC Form 3)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 11d
			,,,,,	12 13a 13b 14 15
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) John P. Ragan			Date of Receipt
	Mailing Address 307 E. Royal Palm Rd	l.		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C33667
	Phoenix	AZ	85020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer	Occupatio	n	-
	TPI Composites	Director,	Military Programs	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		4000.00	1
	Other (specify)	0 0		
Б	Full Name (Last, First, Middle Initial)			Data of Dessist
В.	Mary Kay Ragan Mailing Address 14630 N. 48th Pl.			Date of Receipt
				11 29 2007
	City	State	Zip Code	Transaction ID: C33671
	Scottsdale	AZ	85254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	-
	N/A	Homema	lker	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		500.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Robert Reiner			Date of Receipt
0.	Mailing Address c/o Cohen & Pivo			
	9171 Wilshire Blvd. Su			12 10 2007
	City	State	Zip Code	Transaction ID: C33674
	Beverly Hills	CA	90210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Castle Rock Entertainment	Occupation		
			ector/Producer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date V	
	X     Primary     General       Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			2300.00
	TOTAL This Period (last page this line number	only)		
		(iiiy)		

S	SCHEDULE A (FEC Form 3	<b>)</b>	FOR LINE NUMBER: PAGE 35 / 176
	•		(check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 11d
		Detailed Summary Fage	12 13a 13b 14 11
	Any information copied from such Beports ar	nd Statements may not be sold or used by any perso	on for the purpose of soliciting contributions
, c	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)		
<b>`</b>	Friends of Patrick J. Kennedy Inc.		
	Thends of Father 5. Rennedy inc.		
	Full Name (Last, First, Middle Initial)		
	Jeffrey Ricchetti		Date of Receipt
	Mailing Address 4870E Old Dominic	on Dr.	
			11 29 2007
	City	State Zip Code	Transaction ID: C33647
	Arlington	VA 22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	rederal political committee.		
	Name of Employer	Occupation	-
	Ricchetti Inc.	Consultant	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		1
	Other (specify)	500.00	
			1
_	Full Name (Last, First, Middle Initial)		
	Jennifer Richter		Date of Receipt
•	Mailing Address 3136 Q St. NW		
			11 02 2007
	City	State Zip Code	Transaction ID: C33608
	Washington	DC 20037	
		DO 20037	Amount of Each Receipt this Period
	FEC ID number of contributing	C	500.00
	federal political committee.		
	Name of Employer	Occupation	-
	Name of Employer Patton Boggs LLP	Attorney	Limit Increased Due to Opponent's
		7.4.6	Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	
	Receipt For: 2008	Election Cycle-to-Date	1
	X Primary General	Election Cycle-to-Date  1000.00	1
			]
_	X Primary General Other (specify) ▼		]
_	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		Date of Receipt
-	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal		Date of Receipt
	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		Date of Receipt
_	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street		M M / D D / Y Y Y Y 10 22 2007
. –	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City	State Zip Code	M         M         /         D         D         /         Y
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Larry D. Rosenthal         Mailing Address       6107 29th Street         City       Arlington	1000.00 State Zip Code	M M / D D / Y Y Y Y 10 22 2007
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City         Arlington         FEC ID number of contributing	State Zip Code VA 22207	M         M         /         D         D         /         Y
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Larry D. Rosenthal         Mailing Address       6107 29th Street         City       Arlington	State Zip Code	M M       /       D       D       /       Y       Y       Y       Y         10       22       /       2007         Transaction ID: C33574         Amount of Each Receipt this Period
_	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Larry D. Rosenthal         Mailing Address       6107 29th Street         City       Arlington         FEC ID number of contributing federal political committee.         Name of Employer	State Zip Code VA 22207	M M       /       D D       /       Y Y       Y       Y         10       22       /       2007         Transaction ID: C33574         Amount of Each Receipt this Period
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City         Arlington         FEC ID number of contributing federal political committee.	State         Zip Code           VA         22207	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Larry D. Rosenthal         Mailing Address       6107 29th Street         City       Arlington         FEC ID number of contributing federal political committee.         Name of Employer	State Zip Code VA 22207 C Occupation	M M       /       D       D       /       Y       Y       Y       Y         10       22       2007         Transaction ID: C33574         Amount of Each Receipt this Period         2300.00
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Larry D. Rosenthal         Mailing Address       6107 29th Street         City       Arlington         FEC ID number of contributing federal political committee.         Name of Employer letan Consulting	State     Zip Code       VA     22207       C       Occupation       Partner       Election Cycle-to-Date	M M / D / 22 / 2007 Transaction ID: C33574 Amount of Each Receipt this Period 2300.00 Limit Increased Due to Opponent's
_	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer letan Consulting         Receipt For:       2008	State Zip Code VA 22207 C Occupation Partner	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
_	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer letan Consulting         Receipt For:       2008         X       Primary	State     Zip Code       VA     22207       C       Occupation       Partner       Election Cycle-to-Date	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer letan Consulting         Receipt For:       2008         X       Primary	State     Zip Code       VA     22207       C       Occupation       Partner       Election Cycle-to-Date	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Γ	X       Primary       General         Other (specify)       ▼         Full Name (Last, First, Middle Initial)         Larry D. Rosenthal         Mailing Address       6107 29th Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer letan Consulting         Receipt For:       2008         X       Primary	State       Zip Code         VA       22207         C       Occupation         Partner       Election Cycle-to-Date         Election Cycle-to-Date       ▼	M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $					
	Any information copied from such Reports and sort for commercial purposes, other than using the NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.	name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.					
2 A.	Full Name (Last, First, Middle Initial) Domenic Ruscio Mailing Address 6100 Westchester Dr. Apt. 1012		Date of Receipt					
	City	State Zip Code	Transaction ID: C33549					
	College Park	MD 20740	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer Cavarocchi Ruscio Dennis Associate Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Partner Election Cycle-to-Date ▼ 500.0	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
- B.	Full Name (Last, First, Middle Initial) Salt River Pima-Maricopa Indian Community Mailing Address 10005 E. Osborn Rd.		Date of Receipt					
	City	State Zip Code	Transaction ID: C33678					
	Scottsdale	AZ 85256	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	2000.00					
	Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
	Receipt For: 2008 X Primary General Other (specify) ♥	Election Cycle-to-Date  2000.0	Funds Permissible Linder					
- C.	Full Name (Last, First, Middle Initial) Paul N. Samuels		Date of Receipt					
	Mailing Address 107 Morton St. Apt. 5A		M M / D D / Y Y Y Y 11 1 04 2007					
	City New York	State Zip Code NY 10014	Transaction ID: C33625					
	New York FEC ID number of contributing federal political committee.	NY 10014	Amount of Each Receipt this Period					
	Name of Employer Legal Action Center	Occupation Attorney	Limit Increased Due to Opponent's					
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date   1000.0	00 Spending (2 U.S.C. 441a(i)/441a-1)					
ſ	SUBTOTAL of Receipts This Page (optional)		3500.00					
F	TOTAL This Period (last page this line number							
S	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 37 / 176					
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	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)					
	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15					
A	ny information copied from such Reports and S	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)							
	Friends of Patrick J. Kennedy Inc.							
A.	Full Name (Last, First, Middle Initial) Elisa G. Sanchez		Date of Receipt					
	Mailing Address P.O. Box 4488		M         M         /         D         D         Y					
	City	State Zip Code	Transaction ID: C33711					
	McAllen	TX 78502	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	500.00					
	Name of Employer	Occupation						
	Self-employed	Psychiatrist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
	Receipt For: 2008	Election Cycle-to-Date						
	X     Primary     General       Other (specify) ▼	500.00	]					
— В.	Full Name (Last, First, Middle Initial) Linda C. Scangarella		Date of Receipt					
	Mailing Address P.O. Box 5620		M M / D D / Y Y Y Y 11 1 28 2007					
	City	State Zip Code	Transaction ID: C33651					
	El Dorado Hills	CA 95762	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	400.00					
	Name of Employer Mark Scangarella Painting	Occupation Office Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
	Receipt For: 2008	Election Cycle-to-Date						
	X     Primary     General       Other (specify) ▼	400.00						
 с.	Full Name (Last, First, Middle Initial) Brett P. Smiley		Date of Receipt					
	Mailing Address 154 Arlington Ave.		M M / D D / Y Y Y Y 1 1 0 4 2007					
	City	State Zip Code	Transaction ID: C33626					
	Providence	RI 02906	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Campaign Finance Officers	Occupation President	Limit Increased Due to Opponent's					
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)					
	X     Primary     General       Other (specify) ▼	250.00	]					
	SUBTOTAL of Receipts This Page (optional)		1150.00					
	<b>OTAL</b> This Period (last page this line number							

Any ir or for NA Fr Stu Ma	IEDULE A (FEC Form 3 ) MIZED RECEIPTS formation copied from such Reports and Sta commercial purposes, other than using the r ME OF COMMITTEE (In Full) iends of Patrick J. Kennedy Inc. II Name (Last, First, Middle Initial) uart P. Smith alling Address 925 N. Rio Vista Blvd.	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any person ame and address of any political committee to	FOR LINE NUMBER:       PAGE 38 / 176         (check only one)       I1a         X       11a         12       13a         13b       14         1       14         1       14         1       13         13       13         14       1         15       14         16       14         17       14         18       14         19       14         10       14         11       14         11       14         12       13         13       14         14       14         15       14         16       14         17       14         18       14         19       14         10       14         10       14         11       14         14       14         15       14         16       14         17       14         18       14         19       14         10       14         <
Any ir or for Fr Fr Ma	formation copied from such Reports and Sta commercial purposes, other than using the r ME OF COMMITTEE (In Full) iends of Patrick J. Kennedy Inc. Il Name (Last, First, Middle Initial) uart P. Smith	Detailed Summary Page	n for the purpose of soliciting contributions
or for NA Fr Fu Stu Ma	commercial purposes, other than using the r ME OF COMMITTEE (In Full) iends of Patrick J. Kennedy Inc. Il Name (Last, First, Middle Initial) uart P. Smith	atements may not be sold or used by any person ame and address of any political committee to	n for the purpose of soliciting contributions
or for NA Fr Fu Stu Ma	commercial purposes, other than using the r ME OF COMMITTEE (In Full) iends of Patrick J. Kennedy Inc. Il Name (Last, First, Middle Initial) uart P. Smith	tements may not be sold or used by any person ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Fu Fu Ma	iends of Patrick J. Kennedy Inc. Il Name (Last, First, Middle Initial) uart P. Smith		
Fu Sti	ll Name (Last, First, Middle Initial) Jart P. Smith		
. <u>Str</u> Ma	uart P. Smith		
	ailing Address 925 N. Rio Vista Blvd.		Date of Receipt
			M         M         /         D         D         /         Y
Cit	у	State Zip Code	Transaction ID: C33562
<u> </u>	ort Lauderdale	FL 33301	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	500.00
Na	me of Employer	Occupation	-
In	ormation Requested	Information Requested	Limit Increased Due to Opponent's
Re	ceipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	K Primary General	E00.00	
	Other (specify)	500.00	
	II Name (Last, First, Middle Initial) ce Sparks		Date of Receipt
Ma	iling Address 817 Squire Hills Dr.		12 / <sup>D</sup> D / <u>Y Y Y Y</u> 12 28 2007
Cit	у	State Zip Code	Transaction ID: C33746
Vi	lla Hills	KY 41017	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	2300.00
Na	me of Employer	Occupation	7
N/	A	Homemaker	Limit Increased Due to Opponent's
Re	ceipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	<ul> <li>K Primary General</li> <li>Other (specify) ▼</li> </ul>	2300.00	
	II Name (Last, First, Middle Initial) a A. Stewart		Date of Receipt
	ailing Address 4619 1/2-B MacArthur E	Blvd. NW	M M / D D / Y Y Y Y 10 04 2007
Cit	у	State Zip Code	Transaction ID: C33547
	ashington	DC 20007	Amount of Each Receipt this Period
	C ID number of contributing		
	leral political committee.		500.00
Na	me of Employer acon Consulting Group	Occupation	
Inc	2.	Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	ceipt For: 2008	Election Cycle-to-Date	
	<ul> <li>K Primary General</li> <li>Other (specify) ▼</li> </ul>	500.00	
	TOTAL of Receipts This Page (optional)		3300.00

S	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 39 / 176				
	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)				
••		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14				
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)						
$\left \right\rangle$	Friends of Patrick J. Kennedy Inc.						
<u> </u>	Full Name (Last, First, Middle Initial) Barbara Sutton	Date of Receipt					
	Mailing Address 4 Franklin St.		M M / D D / Y Y Y Y 10 22 2007				
	City	State Zip Code	Transaction ID: C33577				
	Alexandria	VA 22314	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		200.00				
	Name of Employer	Occupation					
	Cassidy & Assóciates	Govt. Relations Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Receipt For: 2008	Election Cycle-to-Date					
	Primary X General Other (specify) ▼	2500.00					
	Full Name (Last, First, Middle Initial) Barbara Sutton		Date of Receipt				
	Mailing Address 4 Franklin St.		M M / D D / Y Y Y Y 10 22 2007				
	City	State Zip Code	Transaction ID: C33576				
	Alexandria	VA 22314	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	300.00				
	Name of Employer Cassidy & Associates	Occupation Govt. Relations Consultant	Limit Increased Due to Opponent's				
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)				
	X     Primary     General       Other (specify) ▼	2500.00					
	Full Name (Last, First, Middle Initial) Mary Ann Taylon		Date of Receipt				
	Mailing Address 517 Laurel Dr.		M M / D D / Y Y Y Y 111 04 2007				
	City	State Zip Code	Transaction ID: C33616				
	Bellevue	NE 68005	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer N/A	Occupation Homemaker	Limit Increased Due to Opponent's				
	Receipt For: 2008	Election Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)				
	X     Primary     General       Other (specify) ▼	250.00					
			750.00				

9	SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 176 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 12 \\ \hline 12 \\ \hline 13a \\ \hline 13b \\ \hline 13b \\ \hline 13b \\ \hline 14 \\ \hline 11 \\ \hline 11b \\ 11b \\ \hline 11b \\ 1$
/ c	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
. Z	Full Name (Last, First, Middle Initial) Patricia Taylor		Date of Receipt
	Mailing Address 7121 Sycamore Ave.		M M / D D / Y Y Y Y 10 17 2007
	City	State Zip Code	Transaction ID: C33565
	<u>Takoma Park</u>	MD 20912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Faces & Voices of Recovery	Occupation Non-Profit Executive Director	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 500.00	
. –	Full Name (Last, First, Middle Initial) Douglas D. Tieman		Date of Receipt
	Mailing Address 118 New York Ave.		M M / D D / Y Y Y Y 11 28 2007
	City	State Zip Code	Transaction ID: C33654
	Sinking Spring	PA 19608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Information Requested	Occupation Information Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ♥	Election Cycle-to-Date  T1000.00	
	Full Name (Last, First, Middle Initial) Richard S. Van Horn		Date of Receipt
	Mailing Address 3050 Motor Ave.		M M / D D / Y Y Y Y 111 27 2007
	City	State Zip Code	Transaction ID: C33655
	Los Angeles	CA 90064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer         Mental Health Assoc. of         Greater LA         Receipt For:       2008         X       Primary         General         Other (specify) ▼	Occupation President & CEO Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Γ		·····	1750.00

<b>ITEM</b>	EDULE A (FEC Form 3) IZED RECEIPTS	itatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 41 / 176         (check only one)       Image: Check only one)         Image: Image
	TE OF COMMITTEE (In Full) ands of Patrick J. Kennedy Inc.			
Geor	Name (Last, First, Middle Initial) ge A. Vecchione ng Address 300 Blackstone Ave.			Date of Receipt
City		State	Zip Code	10 08 2007
	rwick	RI	02889	Transaction ID: C33541 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		1000.00
Lifes	e of Employer Span eipt For: 2008 Primary General Other (specify) <b>▼</b>	Occupation President Election Cy		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Alan	Name (Last, First, Middle Initial) D. Wheat ng Address 836 West 51st St.			Date of Receipt
City		State	Zip Code	Transaction ID: C33732
	isas City	MO	64112	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		1000.00
Infor	e of Employer mation Requested		n Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	eipt For: 2008 Primary General Other (specify) <b>▼</b>	Election Cy	cle-to-Date ▼ 1000.00	]
	Name (Last, First, Middle Initial) a H. White			Date of Receipt
Maili	ng Address 13901 Piscataway Dr.			10 22 Y Y Y Y 10 22 2007
City		State	Zip Code	Transaction ID: C33586
For	t Washington	MD	20744	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		1000.00
<u>gies</u> Rece	e of Employer vative Federal Strate- eipt For: 2008 Primary General Other (specify) <b>▼</b>	Occupation Partner Election Cy	cle-to-Date V 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBT	•			3000.00

	SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 42 / 176         (check only one)
	or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) Ghazal & Associates LLC			Date of Receipt
	Mailing Address 1331 H St. NW Suite 701			10 <sup>/</sup> / <sup>22</sup> / <sup>Y</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> / <sup>Y</sup>
	City	State	Zip Code	Transaction ID: C33581
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer	Occupatio	n	
	Receipt For: 2008	L Floation (		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date 🔻	
	Other (specify)	0 0	3300.00	LLC permissible funds see below if itemized
в.	Full Name (Last, First, Middle Initial) Jay C. Ghazal	•		Date of Receipt
Б.	Mailing Address 4870A Old Dominion I	Dr.		10 22 2007
	City	State	Zip Code	Transaction ID: C33639
	Arlington	VA	22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1300.00
	Name of Employer Ghazal & Associates LLC	Occupatio Presiden	t	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:       2008         X       Primary       General         Other (specify) ▼	Election C	Cycle-to-Date ▼ 3300.00	
С.	Full Name (Last, First, Middle Initial) Ghazal & Associates LLC			Date of Receipt
	Mailing Address 1331 H St. NW Suite 701			M M / D D / Y Y Y Y 10 22 2007
	City	State	Zip Code	Transaction ID: C33582
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupatio		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General	Election C	Cycle-to-Date ▼	
	Other (specify) ▼	0.0	3300.00	LLC permissible funds see below if itemized
	SUBTOTAL of Receipts This Page (optional)		•	2300.00
	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	FOR LINE NUMBER: PAGE 43 / 176 (check only one)
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) Jay C. Ghazal			Date of Receipt
	Mailing Address 4870A Old Dominion I	Dr.		10 <sup>M M</sup> /22 <sup>V</sup> Y Y Y Y 10 <sup>D D</sup> /22 <sup>O</sup> /2007
	City	State	Zip Code	Transaction ID: C33638
	Arlington	VA	22207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ghazal & Associates LLC	Occupatio	n	
		Presiden		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election (	Cycle-to-Date ▼	[MEMO ITEM]
	Other (specify)		3300.00	
в.	Full Name (Last, First, Middle Initial) Trilogy Integrated Resources LLC	I		Date of Receipt
	Mailing Address 1101 5th Ave. Suite 25	50		12 / D D / Y Y Y Y 12 / 10 / 2007
	City	State	Zip Code	Transaction ID: C33699
	San Rafael	CA	94901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2008	Election (	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼		2000.00	LLC permissible funds see below if itemized
C.	Full Name (Last, First, Middle Initial) Bruce Bronzan			Date of Receipt
	Mailing Address 1101 5th Ave. Suite 25	50		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C33754
	San Rafael	CA	94901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Trilogy Integrated Resour- ces LLC	Occupation Presiden		Limit Increased Due to Opponent's
	Receipt For: 2008	Election (	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X     Primary     General       Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional)		••••••	2000.00
	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:       PAGE 44 / 176         (check only one)       X         X       11a       11b       11c       11d         12       13a       13b       14       15
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) Afshin Khasrawi			Date of Receipt
	Mailing Address 1101 5th Ave. Suite 25	0		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: C33753
	San Rafael	CA	94901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Trilogy Integrated Resour- ces LLC Receipt For: 2008	Occupation CEO Election 0	n Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
	X Primary General Other (specify) ▼		1000.00	

SUBTOTAL of Receipts This Page (optional)	►				0.00	
TOTAL This Period (last page this line number only)	▶			1132	27.86	

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 176 (check only one)	
		7FD RECEIPTS for each category of the			
••			Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 11	
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)				
	P Friends of Patrick J. Kennedy Inc.				
	Full Name (Last, First, Middle Initial) AFPac (Arent Fox PLLC PAC)			Date of Receipt	
	Mailing Address 1050 Connecticut Ave	nue, NW		M M / D D / Y Y Y Y 10 23 2007	
	City	State	Zip Code	Transaction ID: C33593	
	Washington	DC	20036	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0241380	1000.00	
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's	
	Receipt For: 2008	Election C	vycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General		1000.00	1	
	Other (specify)				
	Full Name (Last, First, Middle Initial) American Bankers Association PAC	1		Date of Receipt	
	Mailing Address 1120 Connecticut Ave	M M / D D / Y Y Y Y 10 12 2007			
	City	State	Zip Code	Transaction ID: C33555	
	Washington	DC	20036	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0004275	1500.00	
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's	
	Receipt For: 2008	Election C	cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)	
	X     Primary     General       Other (specify) ▼	0 0	5000.00	]	
	Full Name (Last, First, Middle Initial) American Bankers Association PAC			Date of Receipt	
	Mailing Address 1120 Connecticut Ave	., NW		10 <sup>/</sup> 22 <sup>/</sup> 2007	
	City	State	Zip Code	Transaction ID: C33592	
	Washington	DC	20036	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0004275	2500.00	
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's	
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)	
	X Primary General		- 	1	
	Other (specify)		5000.00	1	
				5000.00	

	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 46 / 176         (check only one)       11a         11a       11b       11c         12       13a       13b       14
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Friends of Patrick J. Kennedy Inc.			
	Full Name (Last, First, Middle Initial) American College of Cardiology PAC			Date of Receipt
	Mailing Address 2400 N St. NW			10 <sup> D D</sup> / Y Y Y Y 10 <sup> D D</sup> / 2007
	City	State	Zip Code	Transaction ID: C33527
	Washington	DC	20037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> COC	0375360	1000.00
	Name of Employer	Occupatior	1	
	Pencipt For: 0000			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	ycle-to-Date ▼ 1000.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial)			Data of Descipt
	American College of Surgeons Professional AssMailing Address1640 Wisconsin Ave.			Date of Receipt
	City	Zip Code	Transaction ID: C33630	
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COC	0382424	1500.00
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election C	ycle-to-Date ▼ 2500.00	—
_	Full Name (Last, First, Middle Initial) American Dental PAC			Date of Receipt
	Mailing Address 1111 - 14th Street, N Suite 1100	W		M M / D D / Y Y Y Y 10 04 2007
	City	State	Zip Code	Transaction ID: C33612
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COC	0000729	913.20
	Name of Employer	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	0 0	4413.20	* In-Kind: Reception-Cate- ring
Γ	SUBTOTAL of Receipts This Page (optional) .	1		3413.20

	HEDULE A (FEC Form 3 ) MIZED RECEIPTS	Use separate so for each catego Detailed Summ atements may not be sold or use	chedule(s) ory of the lary Page	FOR LINE NUMBER:         PAGE 47 / 176           check only one)         11a         11b         X 11c         11d           12         13a         13b         14         1           or the purpose of soliciting contributions         14         1         1
	or commercial purposes, other than using the IAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	name and address of any politica	al committee to sol	icit contributions from such committee.
A. <u>A</u>	Full Name (Last, First, Middle Initial) American Dental PAC Aailing Address 1111 - 14th Street, NW			Date of Receipt
	Aailing Address 1111 - 14th Street, NW Suite 1100			10 08 2007
	Dity	State Zip Code		Transaction ID: C33545
F	Washington EC ID number of contributing ederal political committee.	DC 20005 C C00000729		Amount of Each Receipt this Period 1000.00
_	lame of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
F	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date V	4413.20	
. <u>A</u>	Full Name (Last, First, Middle Initial) American Dental PAC			Date of Receipt
_	Aailing Address 1111 - 14th Street, NW Suite 1100	State Zip Code		12 <sup>M M</sup> /22 <sup>V</sup> /2007
	Dity Washington	_	Transaction ID: C33740	
F	EC ID number of contributing ederal political committee.	DC         20005           C         C00000729		Amount of Each Receipt this Period 1500.00
N	lame of Employer	Occupation		Limit Increased Due to Opponent's
F	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date V	4413.20	Spending (2 U.S.C. 441a(i)/441a-1)
	I Full Name (Last, First, Middle Initial) American Dietetic Association PAC			Date of Receipt
_	Aailing Address 1120 Connecticut Ave. Suite 201			M M / D D / Y Y Y Y 11 1 01 / 2007
	Dity Nashington	State Zip Code DC 20002		Transaction ID: C33613
F	EC ID number of contributing ederal political committee.	<b>C</b> C00143560		Amount of Each Receipt this Period
N	lame of Employer	Occupation		Limit Increased Due to Opponent's
F	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date	1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
su	BTOTAL of Receipts This Page (optional)		······	3500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 48 / 176         (check only one)       11a         11a       11b       X       11c       11d         12       13a       13b       14       15         n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)           Friends of Patrick J. Kennedy Inc.	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) American Federation of State, County & Munic Mailing Address 1625 L Street, NW	sipal Employees AFL-CIO	Date of Receipt
City	State Zip Code	Transaction ID: C33533
Washington	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00011114	1500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date  4000.00	
Full Name (Last, First, Middle Initial) American Federation of Teachers Committee		Date of Receipt
Mailing Address 555 New Jersey Ave		1 2 / D D / Y Y Y Y 1 2 0 0 7
City	State Zip Code	Transaction ID: C33645
Washington	DC 20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00028860	5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 X Primary General Other (specify)	Election Cycle-to-Date 5000.00	
Full Name (Last, First, Middle Initial) American Hospital Association PAC		Date of Receipt
Mailing Address 325 7th St. NW		M M / D D / Y Y Y Y 10 / 09 / 2007
City	State Zip Code	Transaction ID: C33587
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00106146	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date  2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)	)	7500.00
TOTAL This Period (last page this line numb	per only)	

	SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 49/176
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d
г				12 13a 13b 14 15
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) American Maritime Officers, Voluntary PAF			Date of Receipt
	Mailing Address 650 Fourth Avenue			M M / D D / Y Y Y Y 12 / 10 / 2007
	City	State	Zip Code	Transaction ID: C33679
	Brooklyn	NY	11232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0027532	1000.00
	Name of Employer	Occupatio	n	
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date 🔻	
	X Primary General Other (specify)		3000.00	
		0.0	0 0 0 0 0 0 0	
- В.	Full Name (Last, First, Middle Initial) American Nurses Association PAC	•		Date of Receipt
	Mailing Address 600 Maryland Ave SW			M M / D D / Y Y Y Y
	Suite 100 West			10 17 2007
	City	State	Zip Code	Transaction ID: C33570
	Washington	DC	20024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0017525	1000.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	0 0	2000.00	]
- C.	Full Name (Last, First, Middle Initial) American Occupational Therapy Assoc., Inc. PAC			Date of Receipt
	Mailing Address 4720 Montgomery Ln.			1 1 28 2007
	City	State	Zip Code	Transaction ID: C33652
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0089086	1000.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		-	1
	Other (specify)	0 0	2000.00	
[	SUBTOTAL of Receipts This Page (optional)	1		3000.00
ŀ	SUBTUTAL OF RECEIPTS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

ITEMI	DULE A (FEC Form 3) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 50 / 176           (check only one)         11a         11b         11c         11d           11a         11b         11c         11d         11d           12         13a         13b         14         15
or for con	nation copied from such Reports and Stat mercial purposes, other than using the na OF COMMITTEE (In Full)	tements may ame and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	ds of Patrick J. Kennedy Inc.			
A. Americ	ame (Last, First, Middle Initial) can Optometric Association PAC			Date of Receipt
Mailing	g Address 1505 Prince St., Suite 30	00		1 1 0 5 Y Y Y Y 1 1 1 0 5 2 0 0 7
City		State	Zip Code	Transaction ID: C33631
	andria	VA	22314	Amount of Each Receipt this Period
	D number of contributing I political committee.	<b>C</b> C0	0024968	1000.00
Name	of Employer	Occupatio	n	
Rocci	ot For: 2008	Election (	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary General	Election		1
	Other (specify)	0 0	2000.00	
	ame (Last, First, Middle Initial) can Optometric Association PAC			Date of Receipt
Mailin	g Address 1505 Prince St., Suite 30	00		M = M         /         D = D         Y         Y = Y = Y         Y           12         12         2007
City		State	Zip Code	Transaction ID: C33727
	andria	VA	22314	Amount of Each Receipt this Period
	D number of contributing I political committee.	<b>C</b> C0	0024968	1000.00
Name	of Employer	Occupatio		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	ot For: 2008	Election C	Cycle-to-Date 🔻	Spending (2 0.5.0. 441a(1)/441a-1)
	Primary General Other (specify) ▼	0 0	2000.00	
	ame (Last, First, Middle Initial) ation for the Advancement of			Date of Receipt
	g Address Psychology Inc. PAC P.O. Box 38129			M M / D D / Y Y Y Y 10 01 2007
City	ado Springs	State CO	Zip Code	Transaction ID: C33532
	ado Springs		80937	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	<b>C</b> C0	0002956	1000.00
Name	of Employer	Occupatio	n	Limit Increased Due to Opponent's
Recei		Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary General Other (specify) <b>▼</b>	0 0	1000.00	
SURTO	TAL of Receipts This Page (optional)			3000.00
	This Period (last page this line number on		· · · · · ·	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 51 / 176         (check only one)       11a       11b       11c       11d         12       13a       13b       14       1
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Friends of Patrick J. Kennedy Inc.			
۹.	Full Name (Last, First, Middle Initial) Association of Trial Lawyers of America			Date of Receipt
	Mailing Address 1050 31st Street, NW			1 2 1 0 Y Y Y Y 1 2 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: C33680
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> COC	0024521	2500.00
	Name of Employer	Occupation	1	
	Receipt For: 2008	Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Election C	3500.00	1
	Other (specify)	0.0		1
	Full Name (Last, First, Middle Initial) BAE Systems USA PAC			Date of Receipt
	Mailing Address 1215 Jefferson Davis Suite 1500	Highway		M M / D D / Y Y Y Y 12 17 2007
	City	State	Zip Code	Transaction ID: C33725
	Arlington	VA	22202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COC	0281212	1000.00
	Name of Employer	Occupatior	1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	U U	3000.00	]
	Full Name (Last, First, Middle Initial) Boilermakers-Blacksmiths LEAP	1		Date of Receipt
	Mailing Address 753 State Avenue Suite # 565			M M / D D / Y Y Y Y 12 04 2007
	City	State	Zip Code	Transaction ID: C33643
	Kansas City	KS	66101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> COC	0005157	1000.00
	Name of Employer	Occupatior	1	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼		3000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			4500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER:       PAGE 52 / 176         (check only one)       11a       11b       X       11c       11d         12       13a       13b       14       15         n for the purpose of soliciting contributions
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Border Health Federal PAC Mailing Address 1210 W. Espress Suite 10	way 83	Date of Receipt
City	State Zip Code	Transaction ID: C33705
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00415752	5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Brotherhood of Locomotive Engineers PAC Mailing Address 1370 Ontario St.	,	Date of Receipt
City	State Zip Code	Transaction ID: C33751
Cleveland	OH 44113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00099234	2500.00
Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)	· · ·	Dele of Develop
CA Association of Marriage & Family Thera Mailing Address 555 Capitol Mall,	•	Date of Receipt
City	State Zip Code	Transaction ID: C33650
Sacramento	CA 95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00346619	200.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-Date  200.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (option	nal)	7700.00
	nal)	7700.0

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	) Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso g the name and address of any political committee to	FOR LINE NUMBER:       PAGE 53 / 176         (check only one)       11a         11a       11b       X         12       13a       13b       14         15       13c       13b       14       15
NAME OF COMMITTEE (In Full)           Friends of Patrick J. Kennedy Inc.	g the name and address of any political committee to	
A. Full Name (Last, First, Middle Initial) Caremark RX Inc. Employee's PAC Mailing Address 2211 Sanders Roa	d 10th Floor	Date of Receipt
City	State Zip Code	Transaction ID: C33537
Northbrook	IL 60062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00384818	2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:2008XPrimaryGeneralOther (specify) ▼	Election Cycle-to-Date  3000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)           Caremark RX Inc. Employee's PAC		Date of Receipt
Mailing Address 2211 Sanders Roa	10 <sup> D D</sup> / Y Y Y Y 16 <sup> 2007</sup>	
City	State Zip Code	Transaction ID: C33602
Northbrook	IL 60062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00384818	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For:     2008       X     Primary     General       Other (specify)     ▼	Election Cycle-to-Date 3000.00	
Full Name (Last, First, Middle Initial) Carpenters' Legislative Improvement Comm	ittee	Date of Receipt
Mailing Address 101 Constitution A		M M / D D / Y Y Y Y Y 111 05 2007
City	State Zip Code	Transaction ID: C33629
Washington FEC ID number of contributing federal political committee.	DC 20001 C C00001016	Amount of Each Receipt this Period
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:2008XPrimaryGeneralOther (specify) ▼	Election Cycle-to-Date   10000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (option	al)	8000.00
	nber only)	

ITE	HEDULE A (FEC Form 3) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 54 / 176           (check only one)         11a         11b         X         11c         11d           12         13a         13b         14         15
or for N	Information copied from such Reports and St. r commercial purposes, other than using the in AME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. <u>C</u> M C V F	ull Name (Last, First, Middle Initial) Carpenters' Legislative Improvement Committee Nailing Address 101 Constitution Ave. N City Vashington EC ID number of contributing ederal political committee.	State         Zip Code           DC         20001           C         C00001016	Date of Receipt          M M       /       D       0       7       Y       Y       Y       Y         Transaction ID:       C33628         Amount of Each Receipt this Period         5000.00
R	lame of Employer Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
5. <u>C</u> M	ull Name (Last, First, Middle Initial) coperative of American Physicians -Mutual Prote failing Address 333 S. Hope St. 8th Fl.	State Zip Code	Date of Receipt
F	os Angeles EC ID number of contributing ederal political committee.	CA 90071 C C00161604	Amount of Each Receipt this Period 500.00
_	lame of Employer leceipt For: 2008 X Primary General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
D	ull Name (Last, First, Middle Initial) Prive Committee failing Address 25 Louisiana Avenue, N	IW	Date of Receipt
<u>V</u>	ity Vashington EC ID number of contributing	State Zip Code DC 20001	1 2     2 7     2 0 0 7       Transaction ID: C33752       Amount of Each Receipt this Period
fe N R	aderal political committee. lame of Employer leceipt For: 2008 X Primary General Other (specify) ▼	C C00032979 Occupation Election Cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
911	<b>STOTAL</b> of Receipts This Page (optional)		8000.00

	SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	) Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any perso	FOR LINE NUMBER:         PAGE 55 / 176           (check only one)         11a         11b         X         11c         11d           12         13a         13b         14         15
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	the name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Friends of Elaine Coderre		Date of Receipt
	Mailing Address 18 Angle St.		10 <sup>/</sup> 17 <sup>/</sup> 2007
	City	State Zip Code	Transaction ID: C33764
	Pawtucket	RI 02860	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer	Occupation	-
	Receipt For: 2008	Election Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		Refund issued this period
- B.	Full Name (Last, First, Middle Initial) General Dynamics Voluntary Political Contribu	ution Plan	Date of Receipt
	Mailing Address 3190 Fairview Park	Dr.	M M / D D / Y Y Y Y 10 08 2007
	City	State Zip Code	Transaction ID: C33534
	Falls Church	VA 22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00078451	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	∧     Primary     General       Other (specify)     ▼	10000.00	
- C.	Full Name (Last, First, Middle Initial) General Dynamics Voluntary Political Contribu	ution Plan	Date of Receipt
	Mailing Address 3190 Fairview Park	Dr.	M M / D D / Y Y Y Y 10 08 2007
	City	State Zip Code	Transaction ID: C33535
	Falls Church	VA 22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00078451	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify)     ▼	10000.00	
Γ			2100.00

Γ	CHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he 11a 11b X 11c 11d age 12 13a 13b 14 15
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by a name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
A.	<ul> <li>Friends of Patrick J. Kennedy Inc.</li> <li>Full Name (Last, First, Middle Initial) General Dynamics Voluntary Political Contributio</li> <li>Mailing Address 3190 Fairview Park Dr</li> </ul>		Date of Receipt
	City	State Zip Code	Transaction ID: C33627
	Falls Church	VA 22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00078451	1000.00
	Name of Employer	Occupation	
	Receipt For:     2008       Primary     X       Other (specify)	Election Cycle-to-Date  10000	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) General Dynamics Voluntary Political Contributio Mailing Address 3190 Fairview Park Dr		Date of Receipt
			11 05 2007
	City Falls Church	State Zip Code VA 22042	Transaction ID: C33637 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00078451	2000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General Other (specify)	Election Cycle-to-Date  10000	
. –	Full Name (Last, First, Middle Initial) General Dynamics Voluntary Political Contributio		Date of Receipt
	Mailing Address 3190 Fairview Park Dr		1 2 1 0 / Y Y Y Y 1 2 1 0 2 0 0 7
	City	State Zip Code	Transaction ID: C33681
	Falls Church	VA 22042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00078451	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's
	Receipt For:     2008       Primary     X       Other (specify)	Election Cycle-to-Date  10000	Spending (2 U.S.C. 441a(i)/441a-1)
Γ	SUBTOTAL of Receipts This Page (optional)	L	4000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 57 / 176           (check only one)         11a         11b         X         11c         11d           12         13a         13b         14         15           on for the purpose of soliciting contributions         10         10         10
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Greenberg, Traurig, PA PAC Mailing Address 1221 Brickell Ave.		Date of Receipt
City	State Zip Code	Transaction ID: C33670
<u>Miami</u>	FL 33131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00266585	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:2008XPrimaryGeneralOther (specify) ▼	Election Cycle-to-Date   1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)         Human Rights Campaign Fund PAC         Mailing Address       1101 14th. Street N	IW	Date of Receipt
		10 23 2007
City Washington	State Zip Code DC 20005	Transaction ID: C33594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00235853	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:     2008       X     Primary     General       Other (specify)     ▼	Election Cycle-to-Date  T1000.00	LI Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) I.B.E.WC.O.P.E		Date of Receipt
Mailing Address 900 7th St. NW		10 <sup>''</sup> 23 <sup>''</sup> 2007
City	State Zip Code	Transaction ID: C33598
Washington FEC ID number of contributing federal political committee.	DC 20001 C C00027342	Amount of Each Receipt this Period
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-Date 10000.00	
SUBTOTAL of Receipts This Page (optiona	l)	4500.00
	iber only)	

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)         Field Name (Last, First, Middle Initial)         Ible W-C.O.P.E         Mailing Address       900 7th St. NW         City       State       Zip Code         Washington       DC       2001         FEC: To number of contributing Tederal political committee.       C       C00027342         Name of Employee       Occupation       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1)         Name of Employee       Occupation       Date of Receipt         Receipt For:       2008       Election Cycle-to-Date ▼         Name of Employee       Docupation       Date of Receipt         Mailing Address       900 7th St. NW       Date of Receipt         City       State       Zip Code         Mailing Address       900 7th St. NW       Date of Receipt         City       State       Zip Code         Mailing Address       900 7th St. NW       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1)         Name of Employee       Occupation       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1)         Mailing Address       1125 17th St. NW       Spending (	SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER:       PAGE 58 / 176         (check only one)       11a         11a       11b       X         12       13a       13b       14         12       13a       13b       14       15         In for the purpose of soliciting contributions       requirities       15
A.       LBE.W-C.O.P.E       Date of Receipt         Mailing Address       900 7th St. NW       12       0         City       State       Zip Code         Washington       DC       2001         FEC ID number of contributing federal political committee.       C       C00027342         Name of Employer       Occupation       Election Cycle-to-Date       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         A.       LB.E.W-C.O.P.E       Election Cycle-to-Date       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         B.       LB.E.W-C.O.P.E       Date of Receipt       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         A.       I.B.E.W-C.O.P.E       Date of Receipt       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         B.       LB.E.W-C.O.P.E       Date of Receipt       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         Mailing Address       900 7th St. NW       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         Mailing Address       120 0.00       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         Primary       General       Init Increased Due to Opponent's Spending (2U.S.C. 441a()/441a-1)         Primary       General       Occupation       Init Increased Due to Opponent's Spending (2U.	NAME OF COMMITTEE (In Full)	· · · · · ·	
B.       IB.E.WC.O.P.E         Mailing Address       900 7th St. NW         City       State       Zip Code         Washington       DC       20001         FEC ID number of contributing federal political committee.       C       Coupation         Name of Employer       Occupation       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         Primary       X General       10000.00         Other (specify) ▼       State       Zip Code         Mailing Address       1125 17th St. NW       Date of Receipt         Ctiy       State       Zip Code         Mailing Address       1125 17th St. NW       Date of Receipt         Ctiy       State       Zip Code         Mailing Address       1125 17th St. NW       Date of Receipt         Ctiy       State       Zip Code         Washington       DC       20036         FEC ID number of contributing federal political committee.       C       C00029504         Name of Employer       Occupation       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         Mailing Address       12000.00       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	A. I.B.E.WC.O.P.E Mailing Address 900 7th St. NW City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 X Primary General	DC     20001       C     C00027342       Occupation       Election Cycle-to-Date	M       M       /       D       D       /       Y
C.       International Union of Operating Engineers PAC       Date of Receipt         Mailing Address       1125 17th St. NW       12       21       2007         City       State       Zip Code       Transaction ID: C33750         Washington       DC       20036       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       C00029504       Election Cycle-to-Date       2500.00         Name of Employer       Occupation       Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)       Spending (2 U.S.C. 441a(i)/441a-1)         X       Primary       General       5000.00       10000.00	<b>B.</b> I.B.E.WC.O.P.E         Mailing Address       900 7th St. NW         City       Washington         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2008         Primary       X General	DC     20001       C     C00027342       Occupation       Election Cycle-to-Date	M       M       /       D       D       /       Y
SUBTOTAL of Receipts This Page (optional)	International Union of Operating Engineers     Mailing Address 1125 17th St. NW     City     Washington     FEC ID number of contributing     federal political committee.     Name of Employer     Receipt For: 2008     X Primary General	State     Zip Code       DC     20036       C     C00029504       Occupation       Election Cycle-to-Date	M M       /       D D       /       Y Y Y Y         1 2       2 1       2 0 0 7         Transaction ID: C33750         Amount of Each Receipt this Period         2500.00         Limit Increased Due to Opponent's
	SUBTOTAL of Receipts This Page (option	I nal)	- 10000.00

S	CHEDULE A (FEC Form 3)	Use	separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 176 (check only one)
П	EMIZED RECEIPTS		ach category of the iled Summary Page	$\begin{array}{ c c c c c c c c } \hline 11a & 11b & X & 11c & 11d \\ \hline 12 & 13a & 13b & 14 & 11c \\ \hline \end{array}$
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be e name and address of	sold or used by any perso any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
. Z	Full Name (Last, First, Middle Initial) Machinists Non-Partisan Political League			Date of Receipt
	Mailing Address 9000 Machinist Place			M M / D D / Y Y Y Y 12 10 2007
	City		Code	Transaction ID: C33677
	Upper Marlboro FEC ID number of contributing federal political committee.	MD 20 C C0000246	9	Amount of Each Receipt this Period 5000.00
	Name of Employer	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-I	Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
. —	Full Name (Last, First, Middle Initial) Microsoft Corporation PAC			Date of Receipt
	Mailing Address 16011 North East 36t P.O. Box 97017	-		M M / D D / Y Y Y Y 12 04 2007
	City Redmond		Code 073	Transaction ID: C33644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0022754		1000.00
	Name of Employer	Occupation		Limit Increased Due to Opponent's
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election Cycle-to-I	Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) National Association of Chain Drug Store			Date of Receipt
	Mailing Address 413 N. Lee Street			M M / D D / Y Y Y Y 12 22 2007
	City	•	Code	Transaction ID: C33741
	Alexandria FEC ID number of contributing federal political committee.	VA 22 C C0002236	1 <u>34</u> :8	Amount of Each Receipt this Period
	Name of Employer	Occupation		Limit Increased Due to Opponent's
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cycle-to-I	Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
Γ	SUBTOTAL of Receipts This Page (optional) .	1		6250.00

	SCHEDULE A (FEC Form 3 ) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 60 / 176           (check only one)         11a         11b         X         11c         11d
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	12     13a     13b     14     15       on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
∠ A.	Full Name (Last, First, Middle Initial) National Committee to Preserve Social Security Mailing Address 10 G. St. NW Suite 60			Date of Receipt
		00		10 23 2007
	City	State	Zip Code	Transaction ID: C33595
	Washington FEC ID number of contributing federal political committee.	DC C0	20002 0172296	Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
– В.	Full Name (Last, First, Middle Initial) NRLCA PAC			Date of Receipt
	Mailing Address 1360 Duke Street 4th Floor			1 2 / D D / Y Y Y Y 1 2 0 0 7
	City Alexandria	State VA	Zip Code 22314	Transaction ID: C33646 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0072025	
	Name of Employer	Occupatio		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	
- ).	Full Name (Last, First, Middle Initial) OPHTHPAC			Date of Receipt
	Mailing Address 1101 Vermont Ave. N	W		10 <sup>25</sup> / <u>YYYY</u>
	City	State	Zip Code	Transaction ID: C33610
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0196246	1000.00
	Name of Employer	Occupatio		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	
Γ	SUBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 61 / 176           (check only one)         11a         11b         X         11c         11d           12         13a         13b         14         15
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patton Boggs PAC Mailing Address 2550 M. St. NW City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 X Primary General	State     Zip Code       DC     20037       C     C00401083       Occupation       Election Cycle-to-Date	Date of Receipt          M M       /       D D       /       Y Y Y Y       Y         10       23       Y 2007         Transaction ID: C33599         Amount of Each Receipt this Period         1100.00         Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
City Other (specify) ▼ Full Name (Last, First, Middle Initial) Political Action Committee Of the American Ass Mailing Address 317 Massachusetts A		Date of Receipt $ \begin{array}{c}                                     $
Washington         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2008         X       Primary       General         Other (specify) ▼	DC     20002       C     C00343137       Occupation       Election Cycle-to-Date       1000.00	Transaction ID: C33543         Amount of Each Receipt this Period         1000.00         Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Psychiatric Solutions Inc. PAC Mailing Address 6640 Carothers Park Suite 500 City Franklin FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 X Primary General Other (specify) ▼	way State Zip Code TN 37067 C C00407684 Occupation Election Cycle-to-Date ▼ 1000.00	Date of Receipt          M M       /       D       /       Y
SUBTOTAL of Receipts This Page (optional)		3100.00

	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 62 / 176 (check only one)
I	TEWIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	Friends of Patrick J. Kennedy Inc.			
A.	Full Name (Last, First, Middle Initial) Radiology Advocacy Alliance PAC			Date of Receipt
	Mailing Address 1891 Preston White D	)r.		M M / D D / Y Y Y Y 10 / 04 2007
	City	State	Zip Code	Transaction ID: C33544
	Reston	VA	20191	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0343459	1000.00
	Name of Employer	Occupation	n	
	Descript Former 00000			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General	Election C	Cycle-to-Date ▼	
	Other (specify) ▼	0.0	2000.00	
- В.	Full Name (Last, First, Middle Initial) Raytheon PAC			Date of Receipt
	Mailing Address 870 Winter St.			M M / D D / Y Y Y Y 11 1 05 2007
	City	State	Zip Code	Transaction ID: C33633
	Waltham	MA	02451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0097568	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 44 (a)/44 (a' 1)
	Primary     X     General       Other (specify)     Image: Control of the specify in the specify in the specify in the specify in the specific s	0 0	6000.00	
- C.	Full Name (Last, First, Middle Initial) Raytheon PAC			Date of Receipt
	Mailing Address 870 Winter St.			M M / D D / Y Y Y Y 111 05 2007
	City	State	Zip Code	Transaction ID: C33632
	Waltham	MA	02451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0097568	1000.00
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X     Primary     General       Other (specify) ▼	0 0	6000.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	1		3000.00
F	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER:         PAGE 63 / 176           (check only one)         11a         11b         11c         11d           12         13a         13b         14         15           In for the purpose of soliciting contributions         11c         11c         15
or for commercial purposes, other than using th           NAME OF COMMITTEE (In Full)           Friends of Patrick J. Kennedy Inc.	e name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Realtors PAC Mailing Address 430 N. Michigan Ave. City Chicago FEC ID number of contributing federal political committee. Name of Employer	State Zip Code IL 60611 C C00030718 Occupation	Date of Receipt
Receipt For:       2008         X       Primary       General         Other (specify) ▼	Election Cycle-to-Date 5000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Realtors PAC Mailing Address 430 N. Michigan Ave.		Date of Receipt
City	State Zip Code	Transaction ID: C33664
Chicago	IL 60611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00030718	4000.00
Name of Employer         Receipt For:       2008         X       Primary       General         Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)		
SAIC VPAC Mailing Address 10260 Campus Point	Drive	Date of Receipt
City	State Zip Code	Transaction ID: C33661
San Diego	CA 92121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00300418	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:       2008         X       Primary       General         Other (specify)       ▼	Election Cycle-to-Date  2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)	·	6000.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 64 / 176         (check only one)       11a       11b       X       11c       11d         12       13a       13b       14       15         In for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	the name and address of any political committee to	solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Society of Thoracic Surgeons PAC Mailing Address 1025 Connecticut A Suite 1104	Ave. NW	Date of Receipt
City	State Zip Code	Transaction ID: C33531
Washington	DC 20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00325936	1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:       2008         X       Primary       General         Other (specify)       ▼	Election Cycle-to-Date 1000.00	
Full Name (Last, First, Middle Initial) UAW V CAP Mailing Address 8000 E. Jefferson		Date of Receipt
City	State Zip Code	1 2         1 0         2 0 0 7           Transaction ID:         C33676
Detroit	MI 48214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00002840	1000.00
Name of Employer         Receipt For:       2008         X       Primary       General         Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) United Food & Commercial Workers ABC	•	Date of Receipt
Mailing Address 1775 K St. NW		1 2 1 4 2 0 0 7
City	State Zip Code	Transaction ID: C33665
Washington	DC 20006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00002766	5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's
Receipt For:     2008       Primary     X       General       Other (specify)	Election Cycle-to-Date 10000.00	
SUBTOTAL of Receipts This Page (option:	l 	7000.00
	ber only)	

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate s for each categ Detailed Sumn	ory of the	FOR LINE NUMBER:       PAGE 65 / 176         (check only one)       11a         11a       11b       11c       11d         12       13a       13b       14       15
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements main name and ad	y not be sold or us dress of any politic	ed by any person al committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	Friends of Patrick J. Kennedy Inc.				
Α.	Full Name (Last, First, Middle Initial) Van Scoyoc Associates Inc. PAC				Date of Receipt
	Mailing Address 101 Constitution Ave. Suite 600 West				M · M         /         D · D         /         Y · Y · Y · Y         Y         Y         Y · Y · Y         Y
	City	State	Zip Code		Transaction ID: C33611
	Washington	DC	20001		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0369058		847.03
	Name of Employer	Occupatio	n		1
	Receipt For:     2008       X     Primary     General       Other (specify)     ▼	Election C	Cycle-to-Date V	847.03	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Reception-Cate- ring

SUBTOTAL of Receipts This Page (optional)	•	 847.03
TOTAL This Period (last page this line number only)	•	103410.23

ľ	Any information copied from such Reports and So for for commercial purposes, other than using the	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 66 / 176         (check only one)       11a         11a       11b       11c         12       13a       13b       14         12       13a       13b       14       15         on for the purpose of soliciting contributions replicit contributions       scheduler       11a       11b
	NAME OF COMMITTEE (In Full)           Friends of Patrick J. Kennedy Inc.			
۷ A.	Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 601 Washington St.			Date of Receipt
	City	State	Zip Code	Transaction ID: C33736
	Stoughton	MA	02072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1516.17
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election Cy	vcle-to-Date ▼ 20876.42	* Interest
В.	Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 601 Washington St.	<b>I</b>		Date of Receipt
				11 30 2007
	City Stoughton	State MA	Zip Code 02072	Transaction ID: C33737
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 1482.34
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For:     2008       X     Primary     General       Other (specify) ▼		vcle-to-Date ▼ 20876.42	* Interest
с. –	Full Name (Last, First, Middle Initial) Citizens Bank			Date of Receipt
	Mailing Address 601 Washington St.			1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: C33758
	Stoughton	MA	02072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1479.52
	Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	vcle-to-Date ▼ 20876.42	* Interest
Γ	SUBTOTAL of Receipts This Page (optional)			4478.03
F	TOTAL This Period (last page this line number	only)		4478.03

ITEMIZED [	E B (FEC Form 3 ) DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER:       PAGE       67 / 176         y one)       X       17       18       19a       19b         20a       20b       20c       21         for the purpose of soliciting contributions
or for commercial				or the purpose of soliciting contributions olicit contributions from such committee
Full Name (La American D Mailing Addres		I		Transaction ID: D11359 Date of Disbursement 10 <sup>M</sup> / <sup>D</sup> 04 <sup>J</sup> / <sup>Y</sup> 2007 <sup>Y</sup>
City Washington		State Zip Code DC 20005		Amount of Each Disbursement this Perior 913.20
Purpose of Dis Reception-Cat Candidate Nar	tering		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought	: House Disbur Senate President District:	rsement For: 2008 X Primary General Other (specify) ▼		* in-kind received
,	st, First, Middle Initial) ental Political Education Fun ss 1111 14th St. NW Suit	-		Transaction ID: D11447 Date of Disbursement 111 / D19 / YYYYY 2007
City Washington Purpose of Dis Reception-Fac Candidate Nar	sbursement cilities	State Zip Code DC 20005	007	Amount of Each Disbursement this Perio 5500.00 Refund or Disposal of Excess Contributions Required Under
Office Sought		rsement For: Primary General Other (specify)	Category/ Type	11 C.F.R. 400.53
Full Name (La	st, First, Middle Initial) xpress Merchant Services			Transaction ID: D11611 Date of Disbursement
Mailing Addres	ss P.O. Box 53852			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 0 \\ 1 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y $
City Phoenix Purpose of Dis Credit Card Pi	sbursement rocessing Fees	State Zip Code AZ 85072	001	Amount of Each Disbursement this Period 70.00 Refund or Disposal of Excess
Candidate Nar			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought	: House Disbur Senate President District:	rsement For: Primary General Other (specify) ▼		
				6483.20

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Image: Product of the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address P.O. Box 53852		Transaction ID: D11401 Date of Disbursement
City Phoenix Purpose of Disbursement Credit Card Processing Fees Candidate Name	State Zip Code AZ 85072	orv/ Contributions Required Under
Office Sought: House Disl Senate President State: District:	bursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) American Express Merchant Services Mailing Address P.O. Box 53852		Transaction ID: D11614 Date of Disbursement
City Phoenix Purpose of Disbursement Credit Card Processing Fees Candidate Name	State Zip Code AZ 85072	ory/ Contributions Required Under
Office Sought: House Disl Senate President State: District:	bursement For: Primary General Other (specify) ▼	<u> </u>
Full Name (Last, First, Middle Initial) American Express Merchant Services		Transaction ID: D11617 Date of Disbursement
Mailing Address P.O. Box 53852	State 7in Code	
City Phoenix Purpose of Disbursement Credit Card Processing Fees	State Zip Code AZ 85072	
Candidate Name Office Sought: House Disl Senate President State: District:	Categ Typ bursement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optic		▶ 96.50
TOTAL This Period (last page this line number	only)	

Phoenix       AZ       85072         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:       Office Sought:       Category/ Primary       General         Office Sought:       House       Disbursement For:       Other (specify) ▼       Fall Name (Last, First, Middle Initial)         American Express Merchant Services       Mailing Address       P.O. Box 53852         Crity       State       Zip Code         Phoenix       AZ       85072         Mailing Address       P.O. Box 53852       Amount of Each Disbursement this Peric         Crity       State       Zip Code         Phoenix       AZ       85072         Purpose of Disbursement       AZ       85072         Office Sought:       House       Disbursement For:         Primary       General       Offic Asses         Office Sought:       House       Disbursement For:         Primary       General       Offic Mark Site:         Office Sought:       House       Disbursement For:         Primary       General       Office Sought:       Mailing Address         Refund or Disposal of Excess       Contributions Required Under       Mailing Address	SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
American Express Merchant Services         Mailing Address       P.O. Box 53852         City       State       Zip Code         Purpose of Disbursement       AZ       85072         Credit Card Processing Fees       001       87.50         Candidate Name       010       Cardiquery       87.50         Office Sought:       House       Disbursement For:       001         President       Disbursement For:       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Contributions Required Under       11 C.F.R. 400.53         Mailing Address       P.O. Box 53852       Cate of Disbursement       11 C.F.R. 400.53       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Office Cate Processing Fees       001       12 2' / 2 8 / 2 0 0 7'         City       State       Disbursement       01       Az       85072       Amount of Each Disbursement this Peric         City       State       Disbursement       12 2' 0 0 7'       X       20 0 7'         Mailing Address       P.O. Box 53852       Code       Amount of Each Disbursement this Peric       10 Contributions Required Under         Office Sought:       House       Disbursement For:	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Phoenix       AZ       85072         Purpose of Disbursement Credit Carl Processing Fees       001 Category/ Type       87.50         Office Sought:       House Senate       Disbursement For: President       001 Category/ Type       Refund or Disposal of Excess Contributions Required Under         State:       District:       Disbursement For: President       0 ther (specify) ▼       Transaction ID: D11616 Date of Disbursement         American Express Merchant Services       Mailing Address       P.O. Box 53852       Transaction ID: D11616 Date of Disbursement         City       State       Zip Code Prionenix       AZ       85072         Office Sought:       House Disbursement For: Senate       001 Category/ Type       Amount of Each Disbursement this Peric         Office Sought:       House Disbursement For: District:       Disbursement For: District:       001 Category/ Type       Transaction ID: D11285 Date of Disbursement         Full Name (Last, First, Middle Initia)       ASAP Printing & Graphics       Transaction ID: D11285 Date of Disbursement         Mailing Address       2805 Mount Vernon Ave.       VA       22301         Full Name (Last, First, Middle Initia)       AsAP Printing & Graphics       Amount of Each Disbursement this Peric         City       State       Disbursement For: Candidate Name       Disbursement For: District:       Office Sought:	American Express Merchant Services			Date of Disbursement
Odriges // Type       11 C.F.R. 400.53 <sup>+</sup> Office Sought:       House Senate President       Disbursement For: Other (specify)       In Full Name (Last, First, Middle Initial)         American Express Merchant Services       Transaction ID: D11616 Date of Disbursement       Transaction ID: D11616 Date of Disbursement         Mailing Address       P.O. Box 53852       Amount of Each Disbursement this Peric Cardidate Name       Amount of Each Disbursement this Peric Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (specify)       On Category' Type         State:       District:       Disbursement For: Other (specify)       General Other (specify)         State:       District:       Disbursement For: Other (specify)       Transaction ID: D11285 Date of Disbursement         Mailing Address       2805 Mount Vernon Ave.       Transaction ID: D11285 Date of Disbursement         Mailing Address       2805 Mount Vernon Ave.       Mount of Each Disbursement this Peric Office Sought:         Mailing Address       2805 Mount Vernon Ave.       Mount of Each Disbursement this Peric Office Sought:         Mailing Address       2805 Mount Vernon Ave.       Mount of Each Disbursement this Peric Office Sought:         Office Sought:       House Disbursement For: Other (specify)       Contributions Required Under 11 C.F.R. 400.53	Phoenix Purpose of Disbursement Credit Card Processing Fees			Refund or Disposal of Excess
American Express Merchant Services       Interview of the second s	Office Sought: House Dis Senate President	Primary General		
Phoenix       AZ       85072         Purpose of Disbursement       Otol       Refund or Disposal of Excess         Candidate Name       Oot       Catagory/ Type         Office Sought:       House       Disbursement For:         Senate       President       Other (specify)         Full Name (Last, First, Middle Initial)       ASAP Printing & Graphics         Mailing Address       2805 Mount Vernon Ave.         City       State       Zip Code         Alexandria       VA       22301         Purpose of Disbursement For:       General         Ooffice Sought:       House         Alexandria       VA         Porpose of Disbursement       007         Category/ Type       Transaction ID: D11285         Date of Disbursement       10 0 1 / Y 2 0 0 7         Arount of Each Disbursement his Peric       1942.57         Refund or Disposal of Excess       Contributions Required Under         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)        Contributions Required Under         Office Sought:       House       Disbursement For:         Senate       President       Other (specify) <td>American Express Merchant Services</td> <td></td> <td></td> <td>Date of Disbursement</td>	American Express Merchant Services			Date of Disbursement
Office Sought:       House       Disbursement For:         Senate       President         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         ASAP Printing & Graphics         Mailing Address       2805 Mount Vernon Ave.         City       State         Alexandria       VA         Purpose of Disbursement       10° ° ° ° ′ ° 2007°         Printing       007         Category/ Printing       1942.57         Refund or Disposal of Excess       Contributions Required Under         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Senate       Primary         Other (specify)	Phoenix Purpose of Disbursement Credit Card Processing Fees		Category/	Refund or Disposal of Excess Contributions Required Under
ASAP Printing & Graphics       Date of Disbursement         Mailing Address       2805 Mount Vernon Ave.         City       State       Zip Code         Alexandria       VA       22301         Purpose of Disbursement       1942.57         Printing       007         Candidate Name       007         Office Sought:       House         President       Disbursement For:         State:       District:	Senate President	Primary General	Туре	
City       State       Zip Code         Alexandria       VA       22301         Purpose of Disbursement       007         Printing       007         Candidate Name       007         Candidate Name       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:	ASAP Printing & Graphics			Date of Disbursement
Printing       007         Candidate Name       007         Candidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Primary         General       Other (specify)         State:       District:	City	State Zip Code		Amount of Each Disbursement this Period
Senate     Primary     General       President     Other (specify)     ▼	Printing		Category/	Refund or Disposal of Excess Contributions Required Under
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		
	SUBTOTAL of Disbursements This Page (option	onal)	····· ►	2034.57

hy Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)		d by any person f	20a 20b 20c 21
· · · ·			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Brian Barrie			Transaction ID: D11302 Date of Disbursement
Mailing Address 680 Serotina Ct.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 0 \\ 8 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $ \end{array}
City Mount Pleasant	State Zip Code SC 29464		Amount of Each Disbursement this Period
Purpose of Disbursement Consultant-Website		003	500.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	rsement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D11401
Brian Barrie			Transaction ID: D11421 Date of Disbursement
Mailing Address 680 Serotina Ct.	$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 1 & 1 \end{array} \end{array} \begin{array}{c} D & D \\ \hline 1 & 2 \end{array} \end{array} \begin{array}{c} T \\ \hline T \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} $		
City Mount Pleasant	State Zip Code SC 29464		Amount of Each Disbursement this Period
Purpose of Disbursement Consultant-Website		003	500.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	rsement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Turnerstier ID D11170
Brian Barrie			Transaction ID: D11472 Date of Disbursement
Mailing Address 680 Serotina Ct.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 0 \\ 3 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} $
City Mount Pleasant	State Zip Code SC 29464		Amount of Each Disbursement this Period
Purpose of Disbursement Consultant-Website		003	500.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	rsement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optiona	al)	►	1500.00

	and address of any political		Initial contributions from such committee         Transaction ID: D11419         Date of Disbursement $111$ $077$ Y $2007$ Amount of Each Disbursement this Period         15000.00
Blue Engine Message & Media LLC Mailing Address 1300 Connecticut Ave. NW City St Washington D Purpose of Disbursement Consultant-Media	iate Zip Code	003	Date of Disbursement          M       M       /       D       D       /       Y
City St Washington D Purpose of Disbursement Consultant-Media	iate Zip Code	003	15000.00
Consultant-Media		003	
		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	eent For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Adam Brand Mailing Address 704 Crooked Creek Dr.			Transaction ID: D11311Date of Disbursement $M = M$ / $D = D$ /YYYY1015/Y2007Y
City St	tate Zip Code ID 20850		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name		001 Category/ Type	443.86 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	eent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Adam Brand	Transaction ID: D11406 Date of Disbursement		
Mailing Address 704 Crooked Creek Dr.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\$
,	tate Zip Code 1D 20850		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name		001 Category/ Type	443.86 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	eent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		····· <b>Þ</b>	15887.72

ITEMIZED D	B (FEC Form 3 ) ISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	;) (check onl	X         17         18         19a         19b           20a         20b         20c         21		
or for commercial pu				for the purpose of soliciting contributions plicit contributions from such committee		
Full Name (Last Adam Brand	, First, Middle Initial)			Transaction ID: D11414 Date of Disbursement		
Mailing Address	704 Crooked Creek Dr.			111 $05 $ $2007$		
City Rockville		StateZip CodeMD20850		Amount of Each Disbursement this Period		
Purpose of Disb Travel Candidate Name			002 Category/ Type	20.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼	Турс			
Full Name (Last Adam Brand	, First, Middle Initial)	Transaction ID: D11431 Date of Disbursement				
Mailing Address	704 Crooked Creek Dr.					
City Rockville		StateZip CodeMD20850		Amount of Each Disbursement this Period		
Purpose of Disb Wages Candidate Name			001 Category/ Type	443.86 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: State:	House Disburs Senate President District:	ement For: Primary General Other (specify) ▼				
	, First, Middle Initial)			Transaction ID: D11458 Date of Disbursement		
Mailing Address	704 Crooked Creek Dr.	111 $30 $ $2007$				
City Rockville		StateZip CodeMD20850		Amount of Each Disbursement this Period		
Purpose of Disbursement     001       Wages     Candidate Name				443.86 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼	Туре	-		
	bursements This Page (optional)			907.72		
Any Information copied from or for commercial purposes NAME OF COMMITTE Friends of Patrick J Full Name (Last, First, Adam Brand	s, other than using the nam EE (In Full) . Kennedy Inc.					20c 21
--	---	--------------------------------------	--------------------	------------------	--	--
Friends of Patrick J	. Kennedy Inc.		-			
	Middle Initial)					
	· /				Transaction ID: D Date of Disbursem	-
Mailing Address 7(	04 Crooked Creek Dr.				12 <sup>M</sup> /14	<sup>/</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City Rockville		State MD	Zip Code 20850		Amount of Each Di	sbursement this Perio
Purpose of Disbursem Wages Candidate Name	ent			001 Category/	Refund or Disp Contributions R 11 C.F.R. 400.5	Required Under
	House Disburs Senate President rict:	ement For: Primary Other (spec	General	Туре		
Full Name (Last, First, Adam Brand	Middle Initial)				Transaction ID: D Date of Disbursem 1 2 / 2 6	ent
Mailing Address 7(	)4 Crooked Creek Dr.				12 26	Ý Ž007
City Rockville		State MD	Zip Code 20850		Amount of Each Di	sbursement this Perio
Purpose of Disburseme Travel Candidate Name	ent			002 Category/	Refund or Disp Contributions R	Required Under
	House Disburs Senate President rict:	ement For: Primary Other (spec	General cify) ▼	Туре	11 C.F.R. 400.	53
Full Name (Last, First, Adam Brand	Middle Initial)				Transaction ID: D Date of Disbursem	
Mailing Address 7(	04 Crooked Creek Dr.				12 <sup>M</sup> /31	<sup>7</sup> <sup>2</sup> 0 0 7 <sup>4</sup>
City Rockville		State MD	Zip Code 20850		Amount of Each Di	sbursement this Perio
Purpose of Disburseme Wages Candidate Name	ent			001 Category/	Refund or Disp Contributions R	Required Under
Office Sought:	Senate President	ement For: Primary Other (spec	General cify)	Туре	11 C.F.R. 400.	
	nents This Page (optional)			►		932.72

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 74/176 / one) X 17 18 19a 19b
Any Information copied from such Reports and Stater		/ any person f	20a     20b     20c     21       or the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Martha B. Braunstein			Transaction ID: D11463 Date of Disbursement
Mailing Address 3612 John Marshall Driv	e		$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City Arlington	State Zip Code VA 22207		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		1377.86
Reception-Food Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	ement For: 2008 Primary General Other (specify)		* in-kind received
Full Name (Last, First, Middle Initial)			Transation ID D14040
Lisa Buterbaugh			Transaction ID: D11318 Date of Disbursement 10 / 2007
Mailing Address 11 Exeter Rd.			10 <sup>M</sup> /15 <sup>J</sup> /2007 <sup>Y</sup>
City North Kingstown	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disbursement Reception - Decorations		007	410.00
Candidate Name		007 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Paul A. Buterbaugh			Transaction ID: D11312 Date of Disbursement
Mailing Address 11 Exeter Rd.			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$
City North Kingstown	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disbursement	Тг	001	378.97
Wages Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		······ <b>Þ</b>	2166.83
TOTAL This Period (last page this line number only E5AN018	)	►	FEC Schedule B (Form 3) (Revised

	B (FEC Form 3 ) ISBURSEMENTS	Use separate schedule( for each category of the Detailed Summary Page	s) (check only	X 17 18 19a 19b
		Statements may not be sold or us	ed by any person f	20a     20b     20c     21       for the purpose of soliciting contributions       vilicit contributions from such committee
	IMITTEE (In Full) trick J. Kennedy Inc.			
Full Name (Last Paul A. Buter	;, First, Middle Initial) baugh			Transaction ID: D11395 Date of Disbursement
Mailing Address	5 11 Exeter Rd.			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 2 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ Y & Y \end{pmatrix}$
City North Kingsto	own	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Dist Travel Candidate Name			002	167.34 Refund or Disposal of Excess Contributions Required Under
Office Sought:		bursement For: Primary Genera Other (specify) ▼	Category/ Type	11 C.F.R. 400.53
Paul A. Buter	-			Transaction ID: D11405 Date of Disbursement
Mailing Address	5 11 Exeter Rd.			
City North Kingsto		State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disk Wages Candidate Name			001 Category/ Type	378.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Dis Senate President District:	bursement For: Primary Genera Other (specify) ▼	1	
Full Name (Last Paul A. Buter	, First, Middle Initial) baugh			Transaction ID: D11426 Date of Disbursement
Mailing Address	5 11 Exeter Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \\ 1 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 2 \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \right) \left( \begin{array}{c} Y \\ Y $
City North Kingsto		State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disk Travel Candidate Name			002 Category/ Type	56.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Dis Senate President District:	bursement For: Primary Genera Other (specify) ▼	1	
	sbursements This Page (opti			602.31

CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 76 / 176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and S r for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Paul A. Buterbaugh			Transaction ID: D11433 Date of Disbursement
Mailing Address 11 Exeter Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 0 \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ 2 \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} V \\ V \\ V \end{array} \\ \end{array}$
City North Kingstown	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disbursement	r		378.97
Wages		001	Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President	bursement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Paul A. Buterbaugh			Transaction ID: D11457 Date of Disbursement
Mailing Address 11 Exeter Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
City North Kingstown	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disbursement Wages		001	378.97 Refund or Disposal of Excess
Candidate Name	-	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President	bursement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Paul A. Buterbaugh			Transaction ID: D11491 Date of Disbursement
Mailing Address 11 Exeter Rd.			$\begin{bmatrix} M & M \\ 12 \end{bmatrix} \begin{bmatrix} D & D \\ 14 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 20 & 07 \end{bmatrix}$
City North Kingstown	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disbursement Wages	1	001	378.97 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	bursement For: Primary General Other (specify) ▼		
State: District:			
State: District: SUBTOTAL of Disbursements This Page (option	onal)	►	1136.91

CHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NUMBER:         PAGE         77 / 176           y one)         X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and s r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			for the purpose of soliciting contributions
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Paul A. Buterbaugh			Transaction ID: D11609 Date of Disbursement
Mailing Address 11 Exeter Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ 1 \\ 2 \\ 1 \end{array} \begin{array}{c} D \\ 1 \\ 2 \\ 1 \\ 1 \end{array} \begin{array}{c} D \\ 1 \\ 2 \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ Y \\ 2 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} Y \\ Y $
City North Kingstown	State Zip Code RI 02852		Amount of Each Disbursement this Perio
Purpose of Disbursement Wages		001	378.97 Refund or Disposal of Excess Contributions Required Under
Candidate Name Office Sought: House Dis Senate President	sbursement For: Primary General Other (specify)	Category/ Type	11 C.F.R. 400.53
State:     District:       Full Name (Last, First, Middle Initial)       Care First Blue Cross Blue Shield			Transaction ID: D11314 Date of Disbursement
Mailing Address P.O. Box 79749			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Baltimore	State Zip Code MD 21279		Amount of Each Disbursement this Perio
Purpose of Disbursement Health Insurance Candidate Name		001 Category/ Type	560.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	sbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Care First Blue Cross Blue Shield			Transaction ID: D11439 Date of Disbursement
Mailing Address P.O. Box 79749			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
City Baltimore	State Zip Code MD 21279		Amount of Each Disbursement this Peric
Purpose of Disbursement Health Insurance Candidate Name		001 Category/ Type	560.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	sbursement For: Primary General Other (specify) ▼		
			1498.97

		B (FEC Form 3	-	Use sep	arate schedule(s)		FOR LINE	-		R:			P	AGE	78 / 176
ΤE	MIZED DIS	BURSEMENT	S	for each	category of the Summary Page		(check on	X	17 20a	$\square$	18 20b		19a 20c	F	19b 21
or for	Commercial pur	d from such Reports a poses, other than using /IITTEE (In Full) ick J. Kennedy Inc.													
		-													
		First, Middle Initial) Cross Blue Shield							Date		sburs	sem			Y Y
M	lailing Address	P.O. Box 79749							12		L	10		2	0 0 7 <sup>°</sup>
C B	City Baltimore			State MD	Zip Code 21279				Amou	nt o	fEach	h D	isburs		it this Perio
Н	Purpose of Disbu lealth Insurance Candidate Name	rsement				C	001 ategory/		Co	ontri	butior	ıs F	oosal o Require	Exc	
	Office Sought:	House Senate President District:	Disburser	nent For: Primary Other (sp	General ecify) ▼		Туре	_	11	C.F	<sup>-</sup> .R. 4	00.	53		
		First, Middle Initial)						-	Trans	acti	on ID	): D	01131	Э	
С	Carlone's Floris	st							Date o	of Di				Y	Y Y Y
M	lailing Address	16 Dexter St.							10			15		2	0 0 7 <sup>×</sup>
	City Portsmouth			State RI	Zip Code 02871				Amou	nt o	f Eacl	h D	isburs		t this Perio
	Purpose of Disbui Constituent exper					Г	001			ofun	d or F	Vier	oosal o		123.05
_	Candidate Name					С	ategory/ Type		Co	ontri		ıs F	Require		
	Office Sought:	House Senate President District:	Disburser	nent For: Primary Other (spe	General ecify)										
	ull Name (Last, F Chubb Insuran	First, Middle Initial) ce							<b>Trans</b> Date o		-	_	)1149 nent	6	
N	Address	P.O. Box 7247-0	180						<sup>™</sup> 2	М	/ D .	17	<b>;</b> /	Ý 2	0 0 7 <sup>×</sup>
	City Philadelphia			State PA	Zip Code 19170				Amou	nt o	f Eacl	h D	isburs	-	it this Perio
	Purpose of Disbu	rsement					001		Ļ	<b></b>		N:-			726.00
_	Candidate Name					С	001 ategory/ Type		Co	ontri	d or L bution <sup>-</sup> .R. 4	ıs F	oosal o Require .53	⊨xc ed Ur	ess ider
	Office Sought:	House Senate President District:	Disburser	ment For: Primary Other (spe	General ecify)										
		ursements This Page (	optional)				►							74	109.05
тот	TAL This Period	(last page this line nun	nber only) .				►								
5AN	N018								FE	c s	chedu	ule	B(Fo	rm 3	) (Revised

CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Clarke Flower Shops Inc.			Transaction ID: D11423 Date of Disbursement
Mailing Address 398 Hope St.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 2 \end{array} \\ 2 \end{array} \\ 0 \\ 0 \\ 7 \end{array} \\ 2 \end{array} $
City Providence	State Zip Code RI 02906		Amount of Each Disbursement this Perio
Purpose of Disbursement Constituent expense		001	119.57 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: D11000
District of Columbia			Transaction ID: D11290 Date of Disbursement
Mailing Address P.O. Box 7792 Ben Franklin Station			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} \end{array} \right) \left( \begin{array}{c} D & D \\ 0 & 1 \end{array} \right) \left( \begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left( \begin{array}{c} Y$
City Washington	State Zip Code DC 20044		Amount of Each Disbursement this Peric
Purpose of Disbursement Payroll taxes/withholdings		001	747.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) District of Columbia			Transaction ID: D11418 Date of Disbursement
Mailing Address P.O. Box 7792 Ben Franklin Station			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ 0 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ 1 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$
	State Zip Code DC 20044		Amount of Each Disbursement this Perio
Purpose of Disbursement Payroll taxes/withholdings			883.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			1749.57

CHEDULE B (FEC Form 3 )	Use separate schedule(s for each category of the	) FOR LINE (check onl	E NUMBER: PAGE 80 / 176 ly one)
	Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) District of Columbia			Transaction ID: D11473 Date of Disbursement
Mailing Address P.O. Box 7792 Ben Franklin Station			$12^{\text{M}} / 03^{\text{D}} / 2007^{\text{Y}}$
City Washington	State Zip Code DC 20044		Amount of Each Disbursement this Perio
Purpose of Disbursement		· · ·	883.00
Payroll taxes/withholdings Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under
		Type	11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify)		-
State: District:			
Full Name (Last, First, Middle Initial) Dutch Mill Catering			Transaction ID: D11303 Date of Disbursement
Mailing Address P.O. Box 41124			
City Washington	State Zip Code DC 20018		Amount of Each Disbursement this Perio
Purpose of Disbursement Reception - Catering		007	338.25
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	1	
Full Name (Last, First, Middle Initial)			Transaction ID: D11424
Emery's Catering			Date of Disbursement
Mailing Address 24 Central St.			$111^{M} / 12^{D} / 2007^{Y}$
City Central Falls	State Zip Code RI 02863		Amount of Each Disbursement this Perio
Purpose of Disbursement Reception-Catering		007	579.31
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		
Dist in the second seco			
State: District:			
State: District: SUBTOTAL of Disbursements This Page (optional)		►	1800.56

SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS		LINE NUMBER: k only one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and S or for commercial purposes, other than using the		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) ETS		Transaction ID: D11295 Date of Disbursement
Mailing Address 10 Pidgeon Hill Dr. Suite 200		
City Sterling	State Zip Code VA 20165	Amount of Each Disbursement this Perio
Purpose of Disbursement Credit Card Processing Fees Candidate Name	001	30.00 Refund or Disposal of Excess Contributions Required Under
	Category Type bursement For: Primary General Other (specify) ▼	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) ETS		Transaction ID: D11294 Date of Disbursement
Mailing Address 10 Pidgeon Hill Dr. Suite 200		$\begin{array}{c c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \\ 2 \end{array} \\ \begin{array}{c} D \\ 0 \\ 0 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \\ 0 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\$
City Sterling	State Zip Code VA 20165	Amount of Each Disbursement this Perio
Purpose of Disbursement Credit Card Processing Fees Candidate Name	001 Category Type	30.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) ETS		Transaction ID: D11408 Date of Disbursement
Mailing Address 10 Pidgeon Hill Dr. Suite 200		$10^{\text{M}} / 31^{\text{P}} 2007^{\text{Y}}$
City Sterling	State Zip Code VA 20165	Amount of Each Disbursement this Perio
Purpose of Disbursement Credit Card Processing Fees Candidate Name	001 Category Type	Refund or Disposal of Excess
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optic		▶ 209.23

SCHEDULE B (FE TEMIZED DISBUF	-	Use separate sched for each category of Detailed Summary F	the (check	INE NUMBER: only one) X 17 18 19a 19b 20a 20b 20c 21
				on for the purpose of soliciting contributions
NAME OF COMMITTEE Friends of Patrick J. H	(In Full)			
, Full Name (Last, First, Mi ETS	ddle Initial)			Transaction ID: D11407 Date of Disbursement
Mailing Address 10 F	Pidgeon Hill Dr.			$\frac{M}{10} \frac{M}{2007} \frac{M}{31} \frac{M}{2007}$
City Sterling		State Zip Code VA 20165	9	Amount of Each Disbursement this Per
Purpose of Disbursement Credit Card Processing F			001	30.00 Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Se Pr	enate esident	ment For: Primary Ger Other (specify)	neral	
State: Distric Full Name (Last, First, Mi ETS				Transaction ID: D11475 Date of Disbursement
Mailing Address 10 F Suite	Pidgeon Hill Dr. e 200			12 <sup>M</sup> /04 <sup>Y</sup> /2007 <sup>Y</sup>
City Sterling	-	State Zip Code VA 20165		Amount of Each Disbursement this Per
Purpose of Disbursement Credit Card Processing F Candidate Name			001	30.78 Refund or Disposal of Excess Contributions Required Under
Office Sought:		ment For:	Category/ Type	11 C.F.R. 400.53
	esident	Primary Ger Other (specify) ▼	neral	
Full Name (Last, First, Mi ETS	ddle Initial)			Transaction ID: D11476 Date of Disbursement
	Pidgeon Hill Dr. e 200			
City Sterling		State Zip Code VA 20165	•	Amount of Each Disbursement this Per
Purpose of Disbursement Credit Card Processing F Candidate Name			001 Category/	30.00 Refund or Disposal of Excess Contributions Required Under
Office Sought:		ment For:	Type	11 C.F.R. 400.53
	enate esident	Primary Ger Other (specify)	neral	
SUBTOTAL of Disburseme				90.78

	Ports and Statements may not be sold or	e(s) le ge used by any person	X     17     18     19a     19b       20a     20b     20c     21       for the purpose of soliciting contributions
or for commercial purposes, other tha NAME OF COMMITTEE (In Full) Friends of Patrick J. Kenned	n using the name and address of any policy of any policy of any policy of a second second second second second	tical committee to sc	Dircit contributions from such committee
Full Name (Last, First, Middle Initi Federal Express	al)		Transaction ID: D11280 Date of Disbursement
Mailing Address P.O. Box 3	60353		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 7 \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Pittsburgh	State Zip Code PA 15250	_	Amount of Each Disbursement this Period
Purpose of Disbursement Postage Candidate Name		001 Category/ Type	18.70 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary Gene Other (specify)		
Full Name (Last, First, Middle Initi Federal Express Mailing Address P.O. Box 3	·		Transaction ID: D11321 Date of Disbursement 10 <sup>M</sup> /15 <sup>J</sup> /2007 <sup>Y</sup>
City Pittsburgh	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement Postage Candidate Name		001 Category/ Type	10.56 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary Gene Other (specify) ▼	ral	
Full Name (Last, First, Middle Initi Federal Express	al)		Transaction ID: D11393 Date of Disbursement
Mailing Address P.O. Box 3	60353		$10^{\text{M}} / 22^{\text{D}} / 2007^{\text{Y}}$
City Pittsburgh	State Zip Code PA 15250		Amount of Each Disbursement this Period
Purpose of Disbursement Postage Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary Gene Other (specify) ▼		
SUBTOTAL of Disbursements This	Page (optional)	<b>&gt;</b>	42.13

CHEDULE B (FEC Form 3 ) FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial)		Transaction ID: D11398
Federal Express		Date of Disbursement
Mailing Address P.O. Box 360353		$\begin{array}{c c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \begin{pmatrix} M \\ 2 \\ 9 \end{array} \begin{pmatrix} D \\ 2 \\ 9 \end{array} \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{pmatrix} Y \\ Y$
City Pittsburgh	StateZip CodePA15250	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage	001	10.51 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Federal Express		Transaction ID: D11440
·		Date of Disbursement
Mailing Address P.O. Box 360353		11 19 2007
City Pittsburgh	StateZip CodePA15250	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage	001	17.61 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Federal Express		Transaction ID: D11438 Date of Disbursement
Mailing Address P.O. Box 360353		
City Pittsburgh	State Zip Code PA 15250	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage	001	22.66 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	
		50.78
SUBTOTAL of Disbursements This Page (optional)	·····	50.70

SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	E NUMBER: hly one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Federal Express		Transaction ID: D11456 Date of Disbursement
Mailing Address P.O. Box 360353		$111^{\text{M}} / 26^{\text{D}} / 2007^{\text{Y}}$
City Pittsburgh	State Zip Code PA 15250	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage Candidate Name	001 Category/	10.01 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburs Senate President State: District:	Type Type Primary General Other (specify) ▼	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 360353		Transaction ID: D11469 Date of Disbursement 1 2 / D 0 3 / Y Y Y Y Y Y 2 0 0 7
City Pittsburgh	State Zip Code PA 15250	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage Candidate Name	001 Category/ Type	36.63 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼	-
Full Name (Last, First, Middle Initial) Federal Express		Transaction ID: D11481 Date of Disbursement
Mailing Address P.O. Box 360353		$12^{\text{M}} / 10^{\text{D}} / 2007^{\text{Y}}$
City Pittsburgh	State Zip Code PA 15250	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage Candidate Name	001 Category/ Type	10.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	·	56.65

SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Frame of Mine Inc.		Transaction ID: D11411 Date of Disbursement
Mailing Address 522 8th St. SE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	StateZip CodeDC20003	Amount of Each Disbursement this Peric
Purpose of Disbursement Photos Candidate Name	001 Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburs Senate President State: District:	Type sement For: Primary General Other (specify) ▼	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Francesca E. Gage Mailing Address 1825 Vernon St. NW Ag	ot. 46	Transaction ID: D11298 Date of Disbursement
City Washington	State Zip Code DC 20009	Amount of Each Disbursement this Peric
Purpose of Disbursement Travel Candidate Name	002 Category/ Type	25.70 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Francesca E. Gage		Transaction ID: D11309 Date of Disbursement
Mailing Address 1825 Vernon St. NW Ap	ot. 46	$10^{\text{M}} / 15^{\text{D}} / 2007^{\text{Y}}$
City Washington	StateZip CodeDC20009	Amount of Each Disbursement this Perio
Purpose of Disbursement Wages Candidate Name	001 Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburs Senate President State: District:	Type sement For: Primary General Other (specify) ▼	11 C.F.R. 400.53
		1660.74

SCHEDULE B (FEC Form TEMIZED DISBURSEMEN	TS for each category of the Detailed Summary Page (check c	X         17         18         19a         19b           20a         20b         20c         21
	and Statements may not be sold or used by any perso ng the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Francesca E. Gage		Transaction ID: D11404 Date of Disbursement
Mailing Address 1825 Vernon S	t. NW Apt. 46	$\begin{array}{c c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D \\ 3 & 1 \end{array} & \begin{array}{c} \gamma \\ \end{array} & \begin{array}{c} \gamma \\ 2 & 0 & 0 \end{array} & \begin{array}{c} \gamma \\ \end{array} \\ \end{array}$
City Washington	State Zip Code DC 20009	Amount of Each Disbursement this Peric
Purpose of Disbursement Wages Candidate Name	001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Type Disbursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Francesca E. Gage		Transaction ID: D11412 Date of Disbursement
Mailing Address 1825 Vernon S	t. NW Apt. 46	$\begin{array}{c c} \begin{array}{c} M & M \\ 1 & 1 \end{array} & \begin{array}{c} D & D \\ 0 & 5 \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{array} \end{array}$
City Washington	State Zip Code DC 20009	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	002 Category/ Type	15.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Francesca E. Gage	1	Transaction ID: D11432 Date of Disbursement
Mailing Address 1825 Vernon S	t. NW Apt. 46	$\begin{array}{c c} & & \\ & &$
City Washington	State Zip Code DC 20009	Amount of Each Disbursement this Perio
Purpose of Disbursement Wages Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	
	I → (optional)	2563.54

y Information copied from such Reports and Statemer for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Francesca E. Gage Mailing Address 1825 Vernon St. NW Apt. 4 City St. Washington D Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursem	nd address of any political c l6 ate Zip Code C 20009	by any person fo	X     17     18     19a     19b       20a     20b     20c     21       or the purpose of soliciting contributions
for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Francesca E. Gage Mailing Address 1825 Vernon St. NW Apt. 4 City St. Washington D Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursement Senate President State: District: C Full Name (Last, First, Middle Initial) Francesca E. Gage	nd address of any political c l6 ate Zip Code C 20009		Transaction ID: D11442 Date of Disbursement
Full Name (Last, First, Middle Initial)         Francesca E. Gage         Mailing Address       1825 Vernon St. NW Apt. 4         City       St.         Washington       D         Purpose of Disbursement       Travel         Candidate Name       Disbursement         Office Sought:       House         President       C         State:       District:         Full Name (Last, First, Middle Initial)         Francesca E. Gage	ate Zip Code C 20009		Date of Disbursement
Francesca E. Gage         Mailing Address       1825 Vernon St. NW Apt. 4         City       State         Washington       D         Purpose of Disbursement       Travel         Candidate Name       Disbursement         Office Sought:       House       Disbursement         Senate       President       C         State:       District:       F         Full Name (Last, First, Middle Initial)       Francesca E. Gage	ate Zip Code C 20009		Date of Disbursement
City     St       Washington     D       Purpose of Disbursement     Travel       Candidate Name     Candidate Name       Office Sought:     House     Disbursement       Senate     President     C       State:     District:     C       Full Name (Last, First, Middle Initial)     Francesca E. Gage	ate Zip Code C 20009		$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \end{array} \begin{array}{c} D \\ 1 & 9 \end{array} \end{array} \begin{array}{c} D \\ 1 & 9 \end{array} \end{array} \begin{array}{c} Y \\ 2 & 0 & 0 \\ 7 \end{array} \begin{array}{c} Y \\ 2 & 0 \\ 7 \end{array} $
Washington     D       Purpose of Disbursement     Travel       Travel     Candidate Name       Office Sought:     House       Senate     President       State:     District:       Full Name (Last, First, Middle Initial)       Francesca E. Gage	C 20009		
Travel Candidate Name Office Sought: Benate President State: District: Full Name (Last, First, Middle Initial) Francesca E. Gage	[		Amount of Each Disbursement this Period
State: District: Full Name (Last, First, Middle Initial) Francesca E. Gage		002 Category/ Type	75.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Francesca E. Gage	ent For: Irimary General Other (specify) ▼		
Mailing Address 1825 Vernon St. NW Apt. 4			Transaction ID: D11461 Date of Disbursement
	16		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ \end{array} \\ \begin{pmatrix} D \\ 3 \end{array} \\ \begin{pmatrix} D \\ 3 \end{array} \\ \begin{pmatrix} V \\ Y \\ 2 \end{array} \\ \begin{pmatrix} V \\ Y \\ Y \\ Y \end{array} \\ \begin{pmatrix} V \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{pmatrix} V \\ Y \\$
City St: Washington D	ate Zip Code C 20009		Amount of Each Disbursement this Period
Purpose of Disbursement Wages		001	1274.22 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	ent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Francesca E. Gage			Transaction ID: D11478 Date of Disbursement
Mailing Address 1825 Vernon St. NW Apt. 4	16		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \end{array} $ \end{array}
City Sta Washington D	ate Zip Code C 20009		Amount of Each Disbursement this Perior
Purpose of Disbursement Travel		002	80.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	rimary General		
UBTOTAL of Disbursements This Page (optional)	Other (specify)		
OTAL This Period (last page this line number only)		······ <b>Þ</b>	1429.22

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE N	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	17         18         19a         19b           20a         20b         20c         21
Any Information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Francesca E. Gage			Transaction ID: D11490 Date of Disbursement
Mailing Address 1825 Vernon St. NW Ap	t. 46		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 4 \end{array} \begin{array}{c} P \\ 1 \\ 4 \end{array} \begin{array}{c} P \\ 1 \\ 4 \end{array} \begin{array}{c} P \\ 2 \\ 1 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} $
City Washington	State Zip Code DC 20009		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name		001 ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) Francesca E. Gage			Transaction ID: D11608 Date of Disbursement 1 2 M / D D / Y Y Y Y 3 1 Y 2 0 0 7
Mailing Address 1825 Vernon St. NW Ap			12 31 2007
City Washington	StateZip CodeDC20009		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name		001	1274.22 Refund or Disposal of Excess Contributions Required Under
	ement For: Primary General Other (specify) ▼	ategory/ Type	11 C.F.R. 400.53
State:         District:           Full Name (Last, First, Middle Initial)			Transaction ID: D11305
Gourmet Caterers Mailing Address 3867 Washington St.			Date of Disbursement
City Roslindale	State Zip Code MA 02131		Amount of Each Disbursement this Perior
Purpose of Disbursement		007	6479.54
Reception - Catering Candidate Name	C	007 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		►	9027.98
TOTAL This Period (last page this line number only)	)	►	
E5AN018			FEC Schedule B ( Form 3 ) (Revise

Imit CED DISBORSEMENTS       In the datagory of the Detailed Summary Page       Imit Transaction ID: D11427         Number of the purpose of Solid rung of the purpose of So	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	
If or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee         NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Jewish Voice & Herald         Maling Address       130 Sessions St.         City       State         Prevident       Other (specify) ▼         Office Sought:       House         Disbursement       Cadidate Name         Office Sought:       Bisbursement For:         Prevident       Other (specify) ▼         City       State         Office Sought:       Disbursement For:         Office Sought:       Bisbursement For:         Precident       Other (specify) ▼         City       State         City       State         Office Sought:       House         Disbursement       Code         Travel       002         Cardidate Name       Other (specify) ▼         Office Sought:       House         Disbursement       Travel         City       State         City       State         City       State         Office Sought:       House		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial) Jewish Voice & Herald       Transaction ID: D11487 Date of Disbursement         Mailing Address       130 Sessions St.         City Providence       State       Zip Code RI         Providence       RI       02906         Purpose of Disbursement       O04 Category!         Candidate Name       Disbursement For: President       004 Other (specify)         State:       Disbursement For: President       Disbursement For: President         State:       District:       Transaction ID: D11427 Date of Disbursement         Christopher J. Kent       Disbursement For: President       Transaction ID: D11427 Date of Disbursement         Mailing Address       9 Karen Ann Dr.       Code Other (specify)       Transaction ID: D11427 Date of Disbursement this Perio         Candidate Name       Disbursement For: President       0021 Category!       Transaction ID: D11427 Date of Disbursement this Perio         Office Sought:       House President       Disbursement For: Primary       General Primary       General Primary         Office Sought:       House President       Disbursement For: President       Transaction ID: D11279 Date of Disbursement         Mailing Address       400 C. St. NE       Code DC       Amount of Each Disbursement this Perio         Offi				
Full Name (Last, First, Middle Initial) Jewish Voice & Herald       Transaction ID: D11487 Date of Disbursement         Mailing Address       130 Sessions St.         City       State       Zip Code         Providence       RI       02906         Purpose of Disbursement       004         Cardidate Name       004         Office Sought:       House         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         City       State         President       Other (specify)         City       State         President       Other (specify)         City       State         Purpose of Disbursement       Other (specify)         City       State         State:       District:         Purpose of Disbursement       Other (specify)         City       State         City       State         City       State         City       State         City       State         City       State         State:       Distursement For:         President       Other (specify)         State:       Distu	NAME OF COMMITTEE (In Full)			
Jewish Voice & Herald       Date of Disbursement         Mailing Address       130 Sessions St.         City       State       Zip Code         Providence       RI       02906         Purpose of Disbursement       Od4         Advertisement       Od4         Candidate Name       Od4         Office Sought:       House         Disbursement For:       Other (specify)         State:       District:         District:       Other (specify)         City       State         Zip Code       Amount of Each Disbursement this Perio         Office Sought:       House         Distursement For:       Other (specify)         Full Name (Last, First, Middle Initia)       Transaction ID: D11427         Christopher J. Kent       Mailing Address         Mailing Address       9 Karen Ann Dr.         City       State       Zip Code         Smithfield       R1       02917         Purpose of Disbursement       Transaction ID: D11427         Cate of Disbursement to:       President         Office Sought:       House         Disbursement Eor:       Other (specify)         Full Name (Last, First, Middle Initial)       Christopher Site Contri	Friends of Patrick J. Kennedy Inc.			
City       State       Zip Code         Providence       RI       02906         Purpose of Disbursement       004         Cadidate Name       004         Office Sought:       House         Senate       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Christopher J. Kent         Maling Address       9 Karen Ann Dr.         City       State         Zip Code       Other (specify) ▼         Amount of Each Disbursement this Perio         Transaction ID: D11427         District:       Transaction ID: D11427         Date of Disbursement this Perio         Maling Address       9 Karen Ann Dr.         City       State         Condidate Name       O102         Office Sought:       House         District:       Disbursement For:         Cardidate Name       Disbursement For:         Office Sought:       House         District:       Disbursement For:         City       State       Zip Code         Variable       Amount of Each Disbursement this Perio         City       State       Zip Code         Purpose of Disbursement				-
Providence       RI       02906         Purpose of Disbursement Advertisement Advertisement Candidate Name       004       324.00         Candidate Name       004       Category/ Type       Refund or Disposal of Excess Contributions Required Under         Office Sought:       House       Disbursement For:       Primary       General         Office Sought:       District:       District:       Transaction ID: D11427         Tul Name (Last, First, Middle Initial)       Transaction ID: D11427       Date of Disbursement         Crity       State       Zip Code       Amount of Each Disbursement this Perio         State:       Disbursement For:       O2       Category/ Type       Y       2 0 0 7         City       State       Zip Code       Amount of Each Disbursement this Perio       Category/ Type       Periud or Disposal of Excess         Office Sought:       House       Disbursement For:       O2       Category/ Type       Periund or Disposal of Excess         Office Sought:       House       Disbursement For:       O2       Category/ Type       Periund or Disposal of Excess         Office Sought:       House       Disbursement For:       O2       Category/ Type       Contributions Required Under         Mailing Address       400 C. St. NE       O1       O1 <td>Mailing Address 130 Sessions St.</td> <td></td> <td></td> <td><math display="block">\begin{array}{c} \begin{array}{c} M \\ 12 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 10 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}</math></td>	Mailing Address 130 Sessions St.			$\begin{array}{c} \begin{array}{c} M \\ 12 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 10 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
Advertisement       004         Candidate Name       004         Catagory'       Type         Office Sought:       House         State:       Disbursement For:         President       Other (specify) ▼         Kate in the intervence of th				Amount of Each Disbursement this Perior
Candidate Name       Category/ Type         Category/ Type       Category/ Type         Office Sought:       House President       Disbursement For: President       Category/ Other (specify) ▼         State:       District:       Disbursement For: President       Category/ Other (specify) ▼         State:       Disbursement For: President       Category/ Other (specify) ▼       Transaction ID: D11427         Mailing Address       9 Karen Ann Dr.       Image: Category/ Travel       Tate / Y Z 0 0 7         City       State       Zip Code Ri       O02 Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For: President       O02 Category/ Type       Category/ Type         Full Name (Last, First, Middle Initial)       Disbursement For: President       Other (specify) ▼       Transaction ID: D11279         State:       Disbursement       Disbursement for: President       O01 Category/ Type       Amount of Each Disbursement this Perio         City       State:       Disbursement       O01 Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House President       Disbursement For: Primary       General Other (specify) ▼       Amount of Each Disbursement this Perio         Office Sought:       House President       Disbursement For: Primary </td <td>Purpose of Disbursement</td> <td></td> <td></td> <td>324.00</td>	Purpose of Disbursement			324.00
Office Sought:       House       Disbursement For:       Primary       General       11 C.F.R. 400.53'         Office Sought:       President       Disbursement For:       Primary       General       Transaction ID: D11427         State:       District:       Other (specify) ▼       Transaction ID: D11427       Date of Disbursement         Mailing Address       9 Karen Ann Dr.       Image: State       Zip Code       Amount of Each Disbursement         Smithfield       Rl       02917       Amount of Each Disbursement       21.50         Candidate Name       Odia of Disbursement For:       Odia of Disbursement For:       Odia of Disbursement         Travel       Disbursement For:       Primary       General       Odia of Disbursement         Office Sought:       House       Disbursement For:       Other (specify) ▼       Transaction ID: D11279         State:       District:       Other (specify) ▼       Amount of Each Disbursement this Perio         Full Name (Last, First, Middle Initial)       Kieloch Consulting       Amount of Each Disbursement this Perio         Mailing Address       400 C. St. NE       Other (specify) ▼       Amount of Each Disbursement this Perio         City       State       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement this Perio      <				
Senate       President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Christopher J. Kent       Transaction ID: D11427         Mailing Address       9 Karen Ann Dr.       Image: Senate and the president of Disbursement and the president of Disbursement and the president of Disbursement for:       Image: Senate and the president of Disbursement for:         Cardidate Name       District:       District:       O02         Office Sought:       House bistrict:       District:         Full Name (Last, First, Middle Initial)       Other (specify) ▼       Transaction ID: D11279         Office Sought:       District:       President of Disbursement for:       Transaction ID: D11279         State:       District:       President of Disbursement for:       Transaction ID: D11279         Mailing Address       400 C. St. NE       Mount of Each Disbursement the Perio for:       Transaction ID: D11279         City       State       Zip Code       Amount of Each Disbursement the Perio for:       Mount of Each Disbursement the Perio for:         City       State:       District:       Other (specify) ▼       Transaction ID: D11279         Mailing Address       400 C. St. NE       Mount of Each Disbursement the Perio for:       Mount of Each Disbursement the Perio for:         Office rent       Oother (specify) ▼       Other (specify) ▼	Candidate Name			
Full Name (Last, First, Middle Initial)       Transaction ID: D11427         Christopher J. Kent       Mailing Address       9 Karen Ann Dr.         City       State       Zip Code         Smithfield       RI       02917         Purpose of Disbursement       002         Candidate Name       002         Office Sought:       House         President       Disbursement For:         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)         Kieloch Consulting       Transaction ID: D11279         Date of Disbursement       Disbursement For:         City       State         Candidate Name       Dic         Office rent       O01         Candidate Name       Disbursement For:         Office rent       Senate	Senate President	Primary General		
Christopher J. Kent       Date of Disbursement         Mailing Address       9 Karen Ann Dr.         City       State       Zip Code         Smithfield       RI       02917         Purpose of Disbursement       002         Travel       002         Candidate Name       002         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Kieloch Consulting         Mailing Address       400 C. St. NE         City       State         Qurpose of Disbursement       001         Office rent       001         Cardidate Name       001         Office Sought:       House         Bailing Address       400 C. St. NE         City       State       Zip Code         Washington       Dc       20002         Purpose of Disbursement For:       001         Cardidate Name       001         Office rent       001         Cardidate Name       Disbursement For:         President       Disbursement For:         Senate				
City       State       Zip Code         Smithfield       RI       02917         Purpose of Disbursement       002         Candidate Name       002         Office Sought:       House         Disbursement For:       Category/         President       Other (specify)         State:       District:         President       Other (specify)         Kieloch Consulting       Transaction ID: D11279         Mailing Address       400 C. St. NE         City       State         Vashington       DC         Office rent       001         Cardidate Name       001         Office Sought:       House         Disbursement For:       001         City       State         Washington       DC         Outer (specify)       Outer (specify)         Office Sought:       House         Senate       Primary         President       Other (specify)         Office Sought:       House         Senate       Primary         General       Other (specify)         Office Sought:       House         Senate       Primary         Other (specify) </td <td></td> <td></td> <td></td> <td></td>				
Smithfield       RI       02917         Purpose of Disbursement       002       Refund or Disposal of Excess         Candidate Name       002       Category/ Type         Office Sought:       House       Disbursement For:       Other (specify)         State:       District:       Other (specify)       Image: Category/ Type       Image: Category/ Type         Kieloch Consulting       Mailing Address       400 C. St. NE       Image: Category/ Type       Image: Category/ Type         Mailing Address       400 C. St. NE       State       Zip Code DC       Mailing Address       400 C. St. NE         City       State       Zip Code DC       Other (specify)       Amount of Each Disbursement this Perio         Office rent       Other (specify)       Other (specify)       Amount of Each Disbursement this Perio         Category/ Type       Disbursement For:       Other (specify)       Other (specify)       Amount of Each Disbursement this Perio         Office rent       Disbursement For:       Other (specify)       Other (specify)       Other (specify)         Office Sought:       House       Disbursement For:       Other (specify)       Other (specify)       Other (specify)         State:       District:       Disbursement For:       Other (specify)       Other (specify)	Mailing Address 9 Karen Ann Dr.			$\begin{array}{c c} \begin{array}{c} M & M \\ 1 & 1 \end{array} & \begin{array}{c} D & D \\ 1 & 2 \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{array} \end{array}$
Impose of Disbursement For:       002         Candidate Name       002         Office Sought:       House         Senate       President         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         Kieloch Consulting       Transaction ID: D11279         Mailing Address       400 C. St. NE         City       State         Purpose of Disbursement         Office rent       001         Candidate Name       001         City       State         Vurpose of Disbursement       001         Office rent       001         Candidate Name       001         Category/       Transaction ID: D11279         Date of Disbursement       001         Office rent       0002         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursement For:         President       Other (specify)         State:       District:				Amount of Each Disbursement this Perio
Candidate Name       Category/ Type       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (specify) ▼       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         State:       District:       Other (specify) ▼       Transaction ID: D11279 Date of Disbursement         Mailing Address       400 C. St. NE       Transaction ID: D11279 Date of Disbursement         City       State       Zip Code DC       Amount of Each Disbursement this Perio         Vashington       DC       20002       Amount of Each Disbursement this Perio         Office rent       001       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For: Other (specify) ▼       Other (specify) ▼         State:       District:       Disbursement For: Other (specify) ▼       Other (specify) ▼	•		002	
Office Sought:       House       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)         Kieloch Consulting         Mailing Address       400 C. St. NE         City       State         Vashington       DC         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         Disbursement For:       001         Contributions Required Under       001         Office Sought:       House         Disbursement For:       001         Cardidate Name       Disbursement For:         Office Sought:       House         Disbursement For:       Other (specify) ▼         State:       District:	Candidate Name		Category/	Contributions Required Under
Full Name (Last, First, Middle Initial)       Transaction ID: D11279         Kieloch Consulting       Date of Disbursement         Mailing Address       400 C. St. NE         City       State       Zip Code         Washington       DC       20002         Purpose of Disbursement       001         Office rent       001         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         Office Sought:       Disbursement For:         State:       District:	Senate President	Primary General		
Kieloch Consulting       Mailing Address       400 C. St. NE       Date of Disbursement         City       State       Zip Code       Amount of Each Disbursement this Perio         Washington       DC       20002       Amount of Each Disbursement this Perio         Purpose of Disbursement       001       Category/ Type       600.00         Office rent       001       Category/ Type       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Cohributions Required Under         Office Sought:       House       Disbursement For:       Cohributions Required Under         State:       District:       Other (specify)        001				
Mailing Address       400 C. St. NE         City       State       Zip Code         Washington       DC       20002         Purpose of Disbursement       001         Office rent       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:				-
Washington       DC       20002         Purpose of Disbursement       001       600.00         Office rent       001       Refund or Disposal of Excess         Candidate Name       001       Category/ Type       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       01         Office Sought:       Primary       General       01         President       Other (specify)       ▼       045 50	Mailing Address 400 C. St. NE			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$
Office rent       001         Candidate Name       001         Candidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Senate         Primary       General         Other (specify)       ▼				Amount of Each Disbursement this Perio
Candidate Name       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For: Senate       Primary         President       Other (specify)       ✓         State:       District:       045 50			001	
Senate     Primary     General       President     Other (specify)     ▼	Candidate Name		Category/	Contributions Required Under
945 50	Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional) 945.50	State: District:			
	SUBTOTAL of Disbursements This Page (optional)	)		945.50
	<b>FOTAL</b> This Period (last page this line number only	()	►	

CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	NE NUMBER: PAGE 91 / 176 PAGE 91 / 176
for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Kieloch Consulting		Transaction ID: D11409 Date of Disbursement
Mailing Address 400 C. St. NE		
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Peric
Purpose of Disbursement Office rent	001	600.00 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Kieloch Consulting		Transaction ID: D11464 Date of Disbursement
Mailing Address 400 C. St. NE		
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Perio
Purpose of Disbursement Office rent	001	600.00 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Matthew Siravo Memorial Foundation		Transaction ID: D11397 Date of Disbursement
Mailing Address P.O. Box 5300		$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 1 & 0 \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} 2 & D \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & Y \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & Y \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & Y \end{array} & Y \end{array} & \begin{array}{c} Y \end{array} & Y \end{array} & Y \end{array} & \begin{array}{c} Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \\ \\ & Y \\ $
City Wakefield	State Zip Code RI 02880	Amount of Each Disbursement this Peric
Purpose of Disbursement Advertisement	004	400.00 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	Sement For: Primary General Other (specify)	
State: District:		
SUBTOTAL of Disbursements This Page (optional	)	. 1600.00

TEMIZED DIS	(FEC Form 3 ) BURSEMENTS	Use separate schedu for each category of t Detailed Summary Pa	the (check or age	X         17         18         19a         19b           20a         20b         20c         21
NAME OF COMMI	oses, other than using the nar			n for the purpose of soliciting contributions solicit contributions from such committee
Friends of Patric	K J. Kennedy Inc.			
Full Name (Last, Fi MCI Worldcom	rst, Middle Initial)			Transaction ID: D11282 Date of Disbursement
Mailing Address	P.O. Box 856053			
City Louisville		StateZip CodeKY40285		Amount of Each Disbursement this Perio
Purpose of Disburs Telephone Candidate Name	ement		001	75.35 Refund or Disposal of Excess Contributions Required Under
Office Sought:	House Disburs Senate President District:	sement For: Primary Gen Other (specify) ▼	Category/ Type	11 C.F.R. 400.53
Full Name (Last, Fi MCI Worldcom				Transaction ID: D11415 Date of Disbursement
Mailing Address	P.O. Box 856053			
City Louisville		StateZip CodeKY40285		Amount of Each Disbursement this Perio
Purpose of Disburs Telephone Candidate Name	ement		001 Category/ Type	65.51 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	sement For: Primary Gen Other (specify) ▼		
Full Name (Last, Fi MCI Worldcom	rst, Middle Initial)			Transaction ID: D11471 Date of Disbursement
Mailing Address	P.O. Box 856053			$\begin{array}{c c} & & & \\ & & & & \\ & & & \\ & & & \\ & & & & \\ & & & & \\ & & & \\ & & & & \\ & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & \\$
City Louisville		StateZip CodeKY40285		Amount of Each Disbursement this Perio
Purpose of Disburs Telephone	ement		001	Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	sement For: Primary Gen Other (specify) ▼	eral	
	rsements This Page (optional			226.64

CHEDULE B (FEC Form 3 ) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	X 17 18 19a 19b
r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Gregory M. Mecher		Transaction ID: D11299 Date of Disbursement
Mailing Address 1125 Maryland Ave.	NE #6	$10^{\text{M}} / 10^{\text{D}} / 2007^{\text{Y}}$
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	002 Category/	60.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	Type       bursement For:       Primary       General       Other (specify)	
Full Name (Last, First, Middle Initial) Gregory M. Mecher		Transaction ID: D11308 Date of Disbursement
Mailing Address 1125 Maryland Ave.	NE #6	$\begin{array}{c c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\$
City Washington Purpose of Disbursement	State Zip Code DC 20002	Amount of Each Disbursement this Perio 3020.15
Wages Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Gregory M. Mecher		Transaction ID: D11313 Date of Disbursement
Mailing Address 1125 Maryland Ave.	NE #6	$10^{\text{M}} / 15^{\text{D}} / 2007^{\text{Y}}$
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	
		3088.15

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11403 Date of Disbursement
Mailing Address 1125 Maryland Ave. NE	#6		$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ Y & Y \end{bmatrix}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Wages Candidate Name	[	001 Category/ Type	3020.15 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11413 Date of Disbursement
Mailing Address 1125 Maryland Ave. NE	#6		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} D \\ 0 \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} $
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name	[	002 Category/	39.00 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11430 Date of Disbursement
Mailing Address 1125 Maryland Ave. NE	#6		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 5 \end{array} \\ 1 \end{array} \\ 5 \end{array} \\ 1 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \end{array} \\ 2 \\ 0 \\ 0 \end{array} \\ 7 \\ Y \\ Y$
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Wages		001	3020.15 Refund or Disposal of Excess
Candidate Name	L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		····· ►	6079.30
TOTAL This Period (last page this line number only	)	►	
E5AN018			FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3 TEMIZED DISBURSEMENT	Use separate schedule(s)	(check only	NUMBER: PAGE 95/176 / one) X 17 18 19a 19b
Any Information copied from such Reports a	nd Statements may not be sold or used	l by any person f	20a     20b     20c     21       or the purpose of soliciting contributions
or for commercial purposes, other than using	g the name and address of any political	committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full)           Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11444 Date of Disbursement
Mailing Address 1125 Maryland A	Ave. NE #6		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} M \\ \end{array} \end{array}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Travel			149.24
Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Gregory M. Mecher			Transaction ID: D11460 Date of Disbursement
Mailing Address 1125 Maryland A			11 30 2007
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Wages		001	3020.15
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11479 Date of Disbursement
Mailing Address 1125 Maryland A	Ave. NE #6		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} / \\ 1 \\ 0 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 0 \end{array} \end{array} \begin{array}{c} / \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Meeting expense		001	19.04 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page	(optional)	►	3188.43
TOTAL This Period (last page this line nur	nber only)	►	
EFANO10			EEO Cabadula D ( Earma 0 ) (D

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)		NE NUMBER: PAGE 96 / 176	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21	
ny Information copied from such Reports and Statem r for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)				
Friends of Patrick J. Kennedy Inc.				
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11489 Date of Disbursement	
Mailing Address 1125 Maryland Ave. NE	#6		$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 4 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix}$	
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio	
Purpose of Disbursement Wages Candidate Name		001 Category/ Type	3020.15 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	71-		
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11599 Date of Disbursement	
Mailing Address 1125 Maryland Ave. NE	#6		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} D \\ 2 \\ 6 \end{array} \begin{array}{c} D \\ 2 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $	
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio	
Purpose of Disbursement Travel Candidate Name		002 Category/	40.00 Refund or Disposal of Excess Contributions Required Under	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53	
Full Name (Last, First, Middle Initial) Gregory M. Mecher			Transaction ID: D11607 Date of Disbursement	
Mailing Address 1125 Maryland Ave. NE	#6		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} 3 \\ 1 \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $	
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Peric	
Purpose of Disbursement Wages	Г	001	3020.15 Refund or Disposal of Excess	
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		►	6080.30	
TOTAL This Period (last page this line number only)		►		

TEMIZED DISBURSEMENTS       for each catagory of the Detailed Summary Page       [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ITEMIZED DISBURSEMENTS       Iterach category of the Diskid Summary Page       Iterach category of the Diskid Summary Page         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solid or commercial purposes, other than using the name and address of any political committee to solicit contributions from solutions of the purpose of solid in the purpose of solid in the purpose of solid in the purpose of a solid or devices of any political committee to solicit contributions from solutions form solutions form solutions form in the purpose of Disbursement For:         Full Name (Last, First, Middle Initial)       State       Zip Code         Mailing Address       170 Compton View Dr.       Transaction ID: D1 'D also of Disbursement For:         Mailing Address       170 Compton View Dr.       Amount of Each Dist         City       State       Zip Code       Amount of Each Dist         Middletown       R1       02842       Purpose of Disbursement For:       President         Office Sought:       House       Disbursement For:       President       President         Mailing Address       95 Frank Mossberg Dr.       MA       02703       Amount of Each Dist         City       State       Disbursement For:       Other (specify) ▼       Prevention to Each Dist         Purpose of Disbursement       Contributions Face       Other (specify) ▼       Transaction ID: D1 'D ala of Disbursement For:	CHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 97 / 176
ar 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) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Walter C. Mey, Jr. Mailing Address 170 Compton View Dr. City Middletown Recoption - Parking Otice Sought: House President State: District: Full Name (Last, First, Middle Initial) Mailing Address 95 Frank Mossberg Dr. City State District: Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Full Name (Last, First, Middle Initial) Mount Full Florist Inc. Mailing Address 182 Academy Ave. City Furposed Olibursement City Full Name	ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from so NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Walter C. Mey, Jr. Mailing Address 170 Compton View Dr. City Middletown RI 02842 Purpose of Disbursement Reception - Parking Candidate Name Disbursement For: Disbursement For: State: Disbursement State: District: Full Name (Last, First, Middle Initial) Movin's Inc. Mailing Address 95 Frank Mossberg Dr. City Category/ Category/ Type Disbursement For: Disbursement Constituent expense Candidate Name Disbursement Constituent expense Candidate Name District: Full Name (Last, First, Middle Initial) Mount Fulj Flortst Inc. Mailing Address 182 Academy Ave. City Forvidence RI 02908 Purpose of Disbursement Constituent expense Candidate Name District: Full Name (Last, First, Middle Initial) Mount Fulj Flortst Inc. Mailing Address 182 Academy Ave. City Purpose of Disbursement Constituent expense Candidate Name District: Full Name (Last, First, Middle Initial) Mount Fulj Flortst Inc. Mailing Address 182 Academy Ave. City Purpose of Disbursement Constituent expense Contributions first District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate President District: Senate Primary Candidate Name District: Senate President Distr	EMIZED DISBURSEMENTS		X 17 18	
Friends of Patrick J. Kennedy Inc.                  Full Name (Last, First, Middle Initial)             Walter C. Mey, Jr.               Transaction ID: D11300             Date of Disbursement             \[	Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Walter C. Mey, Jr.         Mailing Address       170 Compton View Dr.         City       State       Zip Code         Middletown       Ri       02842         Purpose of Disbursement       007       Category/         Cardidate Name       Disbursement For:       Other (specify) ▼         City       Senate       Disbursement For:       Disbursement For:         State:       District:       Other (specify) ▼       Transaction ID: D1'         Mailing Address       95 Frank Mossberg Dr.       Transaction ID: D1'       Date of Disbursement         City       State:       Disbursement For:       Other (specify) ▼       Transaction ID: D1'         Mailing Address       95 Frank Mossberg Dr.       Transaction ID: D1'       Date of Disbursement         Constituent expense       001       Category/ Type       Category/ Type       Transaction ID: D1'         Office Sought:       House       Disbursement For:       President       President         Other (specify)        Transaction ID: D1'       Date of Disbursement         Constituent expense       001       Category/ Type       Category/ Type       Total of Disbursement				
Walter C. Mey, Jr.       Mailing Address       170 Compton View Dr.         Mailing Address       170 Compton View Dr.       Image: Compton View Dr.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       Recupion / Parking       700.00         Candidate Name       007       Category         Office Sought:       House       Disbursement For:         Pisting Address       95 Frank Mossberg Dr.       Transaction ID: D11468         Mailing Address       95 Frank Mossberg Dr.       Mailing Address         City       State       Zip Code         Mailing Address       95 Frank Mossberg Dr.       Mailing Address         City       State       Zip Code         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement the Pering         Constituent expense       Other (specify)       Amount of Each Disbursement the Pering         Constituent expense       Disbursement For:       Other (specify)       Amount of Each Disbursement the Pering         Constituent expense       Disbursement For:       Disbursement For:       Other (specify)       Transaction ID: D11446         Mailing Address       182 Academy Ave.       Other (specify)       Amount of Each Disbursemen	Walter C. Mey, Jr.       Date of Disbursemert         Mailing Address       170 Compton View Dr.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       007         Category/       Type         Office Sought:       House         President       Disbursement For:         Purpose of Disbursement       Contributions Fac         Category/       Y         Mailing Address       95 Frank Mossberg Dr.         City       State       Zip Code         South Attleboro       MA       02703         Purpose of Disbursement       Contributions Fac       Disbursement For:         Category/       Type       Contributions Fac         Total of Dispose       Disbursement For:       President         Disbursement       Other (specify) ▼       Amount of Each Dist         Category/       Type       Transaction ID: D11				
Mailing Address       170 Compton View Dr.       10       0.8       2007         City       State       Zip Code       Amount of Each Disbursement this Peri         Middletown       RI       02842       700.00         Purpose of Disbursement       Required Under       700.00         Reduide or Disposal of Excess       Contributions Required Under       110       0.8         Office Sought:       House       Disbursement For:       Other (specify)       Contributions Required Under         Full Name (Last, First, Middle Initial)       Other (specify)       Image: Contributions Required Under       110       0.8       2007         Mailing Address       95 Frank Mossberg Dr.       City       Image: Contributions Required Under       110       0.3       120 0 7         City       State       Zip Code       MA       02703       Amount of Each Disbursement this Peri         Constituent spense       Other (specify)       Image: Contributions Required Under       110.F.R. 400.53       344.80         Office Sought:       House       Disbursement For:       Other (specify)       Transaction ID: D11446         Date of Disbursement       Other (specify)       Each Disbursement this Peri       110.F.R. 400.53         Office Sought:       House       Image: Primary	Mailing Address       170 Compton View Dr.       10       0.8         City       State       Zip Code       Amount of Each Dist         Purpose of Disbursement       007       Category'       Type         Office Sought:       House       Disbursement For:       007       Category'         Office Sought:       House       Disbursement For:       General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Moint's Inc.       Transaction ID: D1       D1         Mailing Address       95 Frank Mossberg Dr.       12       10       0.3         City       State       Zip Code       Amount of Each Dist         South Attleboro       MA       02703       Purpose of Disbursement       Constituent expense         Candidate Name       Disbursement For:       President       Other (specify)       Inc. F.R. 400.53         Office Sought:       House       Disbursement For:       President       Other (specify)       Inc. F.R. 400.53         Office Sought:       House       Disbursement For:       President       Other (specify)       Inc. F.R. 400.53         Office Sought:       House       Disbursement For:       President       Other (specify)       Transaction D: D1'1         Mailing Address				
Middletown       RI       02842         Purpose of Disbursement       007         Cardidate Name       007         Cardidate Name       007         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)         Morin's Inc.         Mailing Address       95 Frank Mossberg Dr.         City       State         South Attleboro       MA         Office Sought:       House         Purpose of Disbursement       Constituent expense         Candidate Name       001         Category/ Type       State         Office Sought:       House         President       Disbursement For:         President       Disbursement For:         President       Primary         Office Sought:       House         Proyose of Disbursement       Constituent expense         Candidate Name       001         Category/ Type       Transaction ID: D11446         Date of Disbursement       Constituent expense         Candidate Name       001         Category/ Type       Tasaction ID: D11446         Date	Middletown       RI       02842         Purpose of Disbursement       Reception - Parking       007         Cadidate Name       Other (specify)       Transaction ID: D1'         Office Sought:       House       Disbursement For:       Primary         President       Other (specify)       Image: Contributions Received and the state:       Image: Contribution Received and the state:         State:       District:       Transaction ID: D1'       Date of Disbursement         Mailing Address       95 Frank Mossberg Dr.       Image: Contributions Received and the state:       Amount of Each Dist         City       State       Zip Code       Amount of Each Dist         Purpose of Disbursement       Other (specify)       Amount of Each Dist         Constituent expense       Other (specify)       Endured and the state:         Office Sought:       House       Disbursement For:       Primary         City       State       Disbursement For:       Transaction ID: D1'         Date of Disbursement       Other (specify)       Transaction ID: D1'         Mailing Address       182 Academy Ave.       Transaction ID: D1'         City       President       Other (specify)       Amount of Each Dist         Purpose of Disbursement       Other (specify)       Refund	Mailing Address 170 Compton View Dr.			<sup>D</sup> <sup>7</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
Image of the section of the sectin of the section of the section of the section	Reception - Parking       007 Category/ Type       Refund or Dispos         Office Sought:       House Senate President       Disbursement For: Other (specify) ▼       Image: Contributions Resident         State:       District:       Transaction ID: D1* Date of Disbursement         Full Name (Last, First, Middle Initial)       Morin's Inc.       Transaction ID: D1* Date of Disbursement         Mailing Address       95 Frank Mossberg Dr.       MA       02703         City       State       Zip Code South Attleboro       Amount of Each Disbursement Constituent expense       001 Category!         Contributions Re 11 C.F.R. 400.53       Disbursement For: Disbursement       001 Category!       Refund or Dispos Contributions Re 11 C.F.R. 400.53         Office Sought:       House Disbursement For: Disbursement       001 Category!       Transaction ID: D1* Date of Disbursement Contributions Re 11 C.F.R. 400.53         Office Sought:       House Disbursement For: District       Transaction ID: D1* Date of Disbursement Contributions Re 11 C.F.R. 400.53         City       Fresident       Disbursement For: Disbursement       Transaction ID: D1* Date of Disbursement Contributions Re 11 C.F.R. 400.53         Purpose of Disbursement       Refund or Dispos Candidate Name       Refund or Dispos Category!         City       State       Zip Code Refund or Dispos Category!         President       Disbursement F			Amount of Each	
Office Sought:       House Senate President       Disbursement For: Other (specify) ▼         Full Name (Last, First, Middle Initial) Morin's Inc.       Other (specify) ▼         Mailing Address       95 Frank Mossberg Dr.         City       State       Zip Code Other (specify) ▼         Purpose of Disbursement Constituent expense       001 Category/ Type       Amount of Each Disbursement this Peri- Category/ Type         Office Sought:       House Senate       Disbursement For: Other (specify) ▼       Amount of Each Disbursement this Peri- Category/ Type         Office Sought:       House Senate       Disbursement For: Other (specify) ▼       General Other (specify) ▼         Full Name (Last, First, Middle Initial) Mount Fuji Florist Inc.       Disbursement For: Other (specify) ▼       General Other (specify) ▼         Mailing Address       182 Academy Ave.       Transaction ID: D11446 Date of Disbursement Other (specify) ▼         City       State       Zip Code Other (specify) ▼       Amount of Each Disbursement this Peri Category/ Type         Office Sought:       House Senate       Disbursement For: Other (specify) ▼       Periodent of Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (specify) ▼       Continuous Required Under 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (speci	Office Sought:       House       Disbursement For:       Primary       General         State:       District:       Other (specify)       Image: Construct of Disbursement For:       Disbursement For:<	Reception - Parking	Ca	ategory/ Contributions	sposal of Excess s Required Under
Full Name (Last, First, Middle Initial)       Transaction ID: D11468         Mailing Address       95 Frank Mossberg Dr.         City       State       Zip Code         South Attleboro       MA       02703         Purpose of Disbursement       001         Constituent expense       001         Cardidate Name       001         Office Sought:       House         Pirpose of Disbursement For:       Senate         President       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)         Mount Fuji Florist Inc.         Mailing Address       182 Academy Ave.         City       State       Zip Code         Providence       Rt       Zip Code         Purpose of Disbursement Constituent expense       001         Candidate Name       001       Image: Senate         Providence       State       Zip Code         Purpose of Disbursement Constituent expense       001       Category/         Candidate Name       Disbursement For:       001         Candidate Name       Disbursement For:       001         Candidate Name       Disbursement For:       Senate         Office Sought:	Full Name (Last, First, Middle Initial)       Transaction ID: D1:         Morin's Inc.       Image: Construction of the system of the sy	Senate President	ement For: Primary General		
City       State       Zip Code       Amount of Each Disbursement this Periods         Constituent expense       001       Gategory/       344.80         Constituent expense       001       Gategory/       344.80         Candidate Name       001       Gategory/       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Other (specify) ▼         State:       District:       Other (specify) ▼       Transaction ID: D11446         Mount Fuji Florist Inc.       Transaction ID: D11446       Date of Disbursement         Mailing Address       182 Academy Ave.       11 1 1 9 1 2 0 0 7 1         City       State       Zip Code       Amount of Each Disbursement this Periods         Providence       Ri       02908       Amount of Each Disbursement this Periods         Providence       Ri       02908       Amount of Each Disbursement this Periods         Candidate Name       Oither (specify) ▼       Amount of Each Disbursement this Periods       142.31         Office Sought:       House       Disbursement For:       On 1       Category/       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House	City       State       Zip Code       Amount of Each Dist         South Attleboro       MA       02703         Purpose of Disbursement       Constituent expense       001         Candidate Name       001       Category/ Type       Refund or Dispos         Office Sought:       House       Disbursement For:       Senate         President       Other (specify)       ▼         State:       District:       Transaction ID: D1*         Mailing Address       182 Academy Ave.       Transaction ID: D1*         City       State       Zip Code         Providence       R1       02908         Purpose of Disbursement       Contributions Refund or Dispos         Category/ Type       State       Zip Code         Providence       R1       02908         Purpose of Disbursement       Contributions Refund or Dispos         Candidate Name       Other (specify)         Office Sought:       House       Disbursement For:         Senate       President       Other (specify)          State:       District:       Other (specify)	Morin's Inc.		Date of Disburse	ement
Purpose of Disbursement       001       344.80         Constituent expense       001       Category/ Type       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       Contributions Required Under         State:       District:       Other (specify)       Image: Contribution State       Contributions Required Under         Full Name (Last, First, Middle Initial)       Mount Fuji Florist Inc.       Image: Contribution State       Transaction ID: D11446         Mailing Address       182 Academy Ave.       Image: Contribution State       Image: Contribution State       Image: Contribution State         City       State       Zip Code       Providence       Ri       02908         Purpose of Disbursement       Constituent expense       001       Category/ Type       Image: Contributions Required Under         Office Sought:       House       Disbursement For:       Category/ Type       Image: Contributions Required Under         Office Sought:       House       Disbursement For:       Category/ Type       Type         Office Sought:       House       Disbursement For:       Contributions Required Under         Office Sought:       House       Disbursement For:       Contributions Required Under         Office Sought:       House       Disbursement For:<	Purpose of Disbursement Constituent expense       001 Category/ Type       Refund or Dispos Contributions Ref 11 C.F.R. 400.53         Office Sought:       House Senate       Disbursement For: President       Centributions Ref 11 C.F.R. 400.53         State:       District:       Transaction ID: D1' Date of Disbursement         Full Name (Last, First, Middle Initial) Mount Fuji Florist Inc.       Transaction ID: D1' Date of Disbursement         Mailing Address       182 Academy Ave.         City Providence       State       Zip Code RI         Purpose of Disbursement Constituent expense       001 Category/ Type       Amount of Each Disbursement Contributions Ref         Office Sought:       House President       Disbursement For: Disbursement For: Senate       001 Category/ Type         Office Sought:       House President       Disbursement For: Other (specify)       Centributions Ref         State:       Disbursement For:       Senate       Primary       General         Other (specify)       State:       District:       Subtrottal of Disbursements This Page (optional)       Image: Contribution Page	City		Amount of Each	Disbursement this Period
Office Sought:       House       Disbursement For:       If C.F.R. 400.53         Office Sought:       House       Primary       General         President       Other (specify)       If C.F.R. 400.53         State:       District:       If C.F.R. 400.53         Full Name (Last, First, Middle Initial)       Other (specify)       If Transaction ID: D11446         Mount Fuji Florist Inc.       If 1       If 0         Mailing Address       182 Academy Ave.       If 1         City       State       Zip Code         Providence       RI       02908         Purpose of Disbursement       001         Constituent expense       001         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Other (specify)       Other (specify)       If 0.F.R. 400.53	Office Sought:       House       Disbursement For:       Type       11 C.F.R. 400.53         Office Sought:       Senate       Primary       General       Image: Construct of the second of the s	Constituent expense			sposal of Excess
Mount Fuji Florist Inc.       Date of Disbursement         Mailing Address       182 Academy Ave.         City       State       Zip Code         Providence       RI       02908         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:	Mount Fuji Florist Inc.       Date of Disbursement         Mailing Address       182 Academy Ave.         City       State       Zip Code         Providence       RI       02908         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         Primary       General         Office Sought:       President         State:       Disbursement For:         State:       District:	Office Sought: House Disburse Senate President	ement For: Primary General		
City       State       Zip Code         Providence       RI       02908         Purpose of Disbursement       001         Constituent expense       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	City       State       Zip Code         Providence       RI       02908         Purpose of Disbursement       001         Constituent expense       001         Category/       Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursements This Page (optional)			Date of Disburse	ement
Providence       RI       02908         Purpose of Disbursement       001         Constituent expense       001         Candidate Name       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Providence       RI       02908         Purpose of Disbursement       001         Constituent expense       001         Candidate Name       001         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)	Mailing Address 182 Academy Ave.			9 2007
Constituent expense       001         Candidate Name       001         Category/ Type       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Constituent expense       001         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)	Providence		Amount of Each	
Senate     Primary     General       President     Other (specify)     ▼	Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Image: State (specify)       Image: State (specify)         SUBTOTAL of Disbursements This Page (optional)       Image: State (specify)       Image: State (specify)	Constituent expense	Ca	ategory/ Contributions	sposal of Excess s Required Under
SUBTOTAL of Disbursements This Page (optional)		Senate President	Primary General		
		SUBTOTAL of Disbursements This Page (optional)			1187.11

SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS		NE NUMBER:         PAGE         98 / 176           only one)         X         17         18         19a         19b
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Mount Fuji Florist Inc.		Transaction ID: D11470 Date of Disbursement
Mailing Address 182 Academy Ave.		$\begin{array}{c c} & & & \\ & & & \\ \hline & & & \\ & & & \\ \hline & & & \\ & & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \end{pmatrix} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \end{pmatrix} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \end{pmatrix} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \end{pmatrix} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \begin{pmatrix} & & & \\ & & \\ & & \\ \end{array} \end{pmatrix}$
City Providence	State Zip Code RI 02908	Amount of Each Disbursement this Period
Purpose of Disbursement Constituent expense	001	Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) NGEN LLC		Transaction ID: D11317 Date of Disbursement
Mailing Address 3142 Dumbarton St. NV	V	$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 1 & 0 \end{array} & \begin{array}{c} D \\ \hline 1 & 5 \end{array} & \begin{array}{c} Y \\ \hline Y \\ \hline 2 & 0 & 0 \end{array} & \begin{array}{c} Y \\ \hline 2 \\ \hline \end{array} \\ \end{array}$
City Washington	StateZip CodeDC20007	Amount of Each Disbursement this Perio
Purpose of Disbursement Computer Hardware	001	181.25 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) NGEN LLC		Transaction ID: D11480 Date of Disbursement
Mailing Address 3142 Dumbarton St. NV	V	$\begin{array}{c c} & & \\ & &$
City Washington	StateZip CodeDC20007	Amount of Each Disbursement this Perio
Purpose of Disbursement Repairs & Maintenance	001	217.50 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) ▼	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		542.13

TemIZED DISBURSEMENTS       the addition category of the Detailed Summary Page       i		E B (FEC Form 3)	Use separate schedule(s	) FOR LINE (check only	NUMBER: PAGE 99 / 176 y one)
r 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) Full Name (Last, First, Middle Initial) NGEN LLC Mailing Address 3142 Dumbarton St. NW City Purpose of Disbursement Realing & Maintenance Candidate Name Disbursement State: District: Full Name (Last, First, Middle Initial) NGP Software Mailing Address 5039 Connecticut Ave, NW Suite 1 State: District: Prosolont Disbursement Mailing Address 5039 Connecticut Ave, NW Suite 1 State: District: Prosolont Candidate Name Candidate Name Computer software Conducts of National State Pressiont State: District: Propose of Disbursement Candidate Name Conducts of National Na			Detailed Summary Page		20a 20b 20c 21
NAME OF COMMITTEE (In Full)         Friends of Patrick J, Kennedy Inc.         Full Name (Last, First, Middle Initial)         NGEN LLC         Mailing Address       3142 Dumbarton St: NW         City       State       Zip Code         Washington       DC       20007         Purpose of Disbursement       Preparis & Minitenance       001         Cardidate Name       Other (specify) ▼       Refund or Disposal of Excess         Office Sought:       President       Disbursement For:         President       Disbursement For:       Primary         Candidate Name       Other (specify) ▼       Transaction ID: D11301         NGP Software       Mailing Address       5039 Connecticut Ave. NW         Suite 1A       Disbursement For:       Other (specify) ▼         City       State:       Disbursement For:       Candidate Name         Corputer software       Corputer software       It 001       Amount of Each Disbursement this Peric         Candidate Name       Disbursement For:       General       Other (specify) ▼       Amount of Each Disbursement this Peric         Candidate Name       Disbursement For:       General       Other (specify) ▼       Amount of Each Disbursement this Peric         Candidate Name       Disbursement For:					
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial) NGEN LLC         Mailing Address       3142 Dumbarton St. NW         City Washington       State       Zip Code         City Cardidate Name       001         Cardidate Name       Disbursement For: President       001         City       Senate       Disbursement For: President       001         State:       District:       President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       NGP Software       Transaction ID: D11301         NGP Software       Disbursement For: President       Other (specify) ▼       Transaction ID: D11301         State:       District:       Disbursement For: President       Other (specify) ▼         City       State       Zip Code       Amount of Each Disbursement the Peric         Candidate Name       DC       20006       Purpose of Disbursement       1200.00         Office Sought:       House       Disbursement For: Primary       General       001       Category' Type         Office Sought:       House       Disbursement For: Primary       General       001       Category' Type       1200.00         Office Sought:       House       Disbursement For: Primary       General       001			The and address of any politica		
NGEN LLC     Mailing Address     3142 Dumbarton St. NW       City     State     Zip Code       Purpose of Diabursement     DC     20007       Repairs & Maintenance     O01     217.50       Candidate Name     O01     Category'       Office Sought:     House     Disbursement For:       Office Sought:     House     Disbursement For:       President     District:     Fransaction ID: D11301       Date of Disbursement     District:       Mailing Address     5039 Connecticut Ave. NW       Suite 1A     Disbursement For:       City     State       Purpose of Disbursement     DC       Computer software     O01       Mailing Address     5039 Connecticut Ave. NW       Suite 1A     Disbursement       Computer software     O01       City     State       Purpose of Disbursement     Disbursement For:       State:     Disbursement For:       Other (specify) ▼     Amount	<b>`</b>				
City       State       Zip Code         Washington       DC       20007         Purpose of Disbursement       Refund or Disposal of Excess       Contributions Required Under         Candidate Name       001       Category       Refund or Disposal of Excess         Control List, First, Middle Initial)       State       Disbursement For:       President         President       Disbursement For:       President       District         Full Name (Last, First, Middle Initial)       NGP Software       Transaction ID: D11301         Mailing Address       5039 Connecticut Ave. NW       Transaction ID: D11301         City       State       Zip Code         Washington       DC       20008         Purpose of Disbursement       001       Category/ Type         City       State       Zip Code         Washington       DC       20008         Purpose of Disbursement       001       Category/ Type         City       State       Disbursement For:         Candidate Name       Disbursement For:       Senate         President       Disbursement For:       Senate         President       Disbursement For:       Transaction ID: D11500         City       State       Zip Code	,				
Washington       DC       20007         Purpose of Disbursement       Paparis & Maintenance       001         Cardidate Name       001       Category/ Type       Periode         Office Sought:       House       Disbursement For:       President         President       Disbursement For:       President       Transaction ID: D1 1301         NGP Software       Maling Address       5039 Connecticut Ave. NW       Transaction ID: D1 1301         NGP Software       DC       20008       Amount of Each Disbursement         Candidate Name       001       Category/ Type       Amount of Each Disbursement this Peric         Candidate Name       Disbursement For:       Senate       001         Purpose of Disbursement       001       Category/ Type       20 0 7         Office Sought:       House       Disbursement For:       Senate         President       Disbursement For:       Category/ Type       Amount of Each Disbursement         Office Sought:       House       Disbursement For:       President         State:       Disbursement       Other (specify) ▼       Amount of Each Disbursement         Mailing Address       1 Social St.       Category/ Type       Amount of Each Disbursement         Mailing Address       1 Socia	Mailing Addr	ress 3142 Dumbarton St. N	N		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} P \\ 2 \\ 6 \end{array} \begin{array}{c} P \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ Y \\$
Anjoor of Disbursement Ame       001         Catagory/ Type       001         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       NGP Software         Mailing Address       5039 Connecticut Ave. NW         State:       Disbursement         Computer software       001         Mailing Address       5039 Connecticut Ave. NW         Suite 1A       DC         City       State         President       Disbursement For:         Office Sought:       House         President       Disbursement For:         Office Sought:       House         President       Disbursement For:         Other (specify) ▼       It C.F.R. 400.53         Office Sought:       House         President       Other (specify) ▼         City       State       Ip Code         Woonsocket       R1       02895         Purpose of Disbursement       Other (specify) ▼         Candidate Name       Disbursement For:         Puil Name (Last, First, Middle Initial)       Other (specify) ▼         O-N Radio, Inc.       R1       0		n			Amount of Each Disbursement this Period
Candidate Name       Category/ Type         Office Sought:       House President       Disbursement For: President       Contributions Required Under 11 C.F.R. 400.53         State:       Distributions Required Under 11 C.F.R. 400.53       Transaction ID: D11301 Date of Disbursement         Mailing Address       5039 Connecticut Ave. NW Suite 1A       Transaction ID: D11301 Date of Disbursement         City       State       Zip Code DC       Amount of Each Disbursement this Peric Category/ Type         Office Sought:       House President       Disbursement For: Disbursement For: President       001 Category/ Type         Full Name (Last, First, Middle Initial) O-N Radio, Inc.       Disbursement For: President       001 Other (specify) ▼         State:       Disbursement Disbursement       Transaction ID: D11500 Date of Disbursement 11 C.F.R. 400.53         City       State       Zip Code Notice Sought:       Amount of Each Disbursement this Peric Other (specify) ▼         City       State:       Disbursement       004 Category/ Type         Office Sought:       House President       Disbursement For: Disbursement       004 Category/ Type         Office Sought:       House President       Disbursement For: Disbursement For: President       Other (specify) ▼         Office Sought:       House President       Disbursement For: Disbursement For: President       Disbursement For: Disbu				· · · · · · · · · · · · · · · · · · ·	217.50
Office Sought:       House       Disbursement For:       General         Other (specify)       Cher (specify)       Image: Cher (specify)       Image: Cher (specify)         Full Name (Last, First, Middle Initial)       NGP Software       Image: Cher (specify)       Image: Cher (specify)         Mailing Address       5039 Connecticut Ave. NW       Suite 1A       Image: Cher (specify)       Image: Cher (specify)         City       Suite 1A       DC       20008       Amount of Each Disbursement       Image: Cher (specify)         Output software       O01       Category/       Transaction ID: D11301       Date of Disbursement         Computer software       O01       Category/       Amount of Each Disbursement this Peric       1200.00         Condidate Name       Disbursement For:       Other (specify)       Image: Cher (specify)       Image: Cher (specify)         Office Sought:       House       Disbursement For:       Other (specify)       Image: Cher (specify)       Image: Cher (specify)         Full Name (Last, First, Middle Initial)       Other (specify)       Image: Cher (specify)       Image: Cher (specify)       Image: Cher (specify)         Other (specify)       State       Disbursement For:       Cher (specify)       Image: Cher (specify)       Image: Cher (specify)         City       State <td>· · ·</td> <td></td> <td></td> <td>Category/</td> <td>Contributions Required Under</td>	· · ·			Category/	Contributions Required Under
NGP Software       Date of Disbursement         Mailing Address       5039 Connecticut Ave. NW         Suite 1A       DC         City       State       Zip Code         Washington       DC       20008         Purpose of Disbursement       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Primary         President       Other (specify)         Full Name (Last, First, Middle Initial)         O-N Radio, Inc.         Mailing Address       1 Social St.         City       State         Purpose of Disbursement For:       Outer (specify)         Full Name (Last, First, Middle Initial)         O-N Radio, Inc.         Mailing Address       1 Social St.         City       State       Zip Code         Woonsocket       RI       02895         Purpose of Disbursement Advertisement       004       Category/ Type         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For: <tr< td=""><td></td><td>Senate President</td><td>Primary General</td><td></td><td></td></tr<>		Senate President	Primary General		
NGP Software       Date of Disbursement         Mailing Address       5039 Connecticut Ave. NW         Suite 1A       State       Zip Code         Washington       DC       20008         Purpose of Disbursement       001       Category!         Computer software       001       Category!         Computer software       001       Category!         Condidate Name       Disbursement For:       Primary         Office Sought:       House       Disbursement For:         President       Other (specify) ▼       In C.F.R. 400.53         Mailing Address       1 Social St.         City       State       Zip Code         Mailing Address       1 Social St.         City       State       Zip Code         Mailing Address       1 Social St.         City       State       Zip Code         Woonsocket       RI       02895         Purpose of Disbursement       O04       Category!         Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:         Purpose of Disbursement       O04       Category!         Office Sought:       House       Disbursement For:	Full Name (L	_ast, First, Middle Initial)			Transaction ID: D11301
Suite 1A       State       Zip Code         City       State       Zip Code         Washington       DC       20008         Purpose of Disbursement       001         Computer software       001         Cardidate Name       001         Office Sought:       House         Senate       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Other (specify)         O-N Radio, Inc.       Image: Senate         Mailing Address       1 Social St.         City       State       Zip Code         Woonsocket       Ri         Q04       Category/ Type       Y 2 0 0 7         Office Sought:       House       Disbursement For:         Gradidate Name       O04       Category/ Type         Office Sought:       House       Disbursement For:         Gradidate Name       Disbursement For:       General         Office Sought:       House       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         Senate       Primary       General<	•				Date of Disbursement
Washington       DC       20008         Purpose of Disbursement       001       Refund or Disposal of Excess         Candidate Name       001       Category/ Type         Office Sought:       House       Disbursement For:       Contributions Required Under         Office Sought:       House       Disbursement For:       Contributions Required Under         State:       District:       Other (specify)       Image: Control         Full Name (Last, First, Middle Initial)       O-N Radio, Inc.       Transaction ID: D11500         Oate of Disbursement       Mailing Address       1 Social St.         City       State       Zip Code         Woonsocket       RI       02895         Purpose of Disbursement       O04         Category/ Type       Type         Office Sought:       House         Disbursement For:       Senate         Orfice Sought:       House         Disbursement For:       Senate         President       Disbursement For:         State:       Disbursement For:         Senate       Primary         General       Other (specify)         Office Sought:       House         Disbursement For:       Senate <td< td=""><td>Mailing Addr</td><td></td><td></td><td></td><td>10 08 2007</td></td<>	Mailing Addr				10 08 2007
Image: Computer software       001         Computer software       001         Candidate Name       001         Office Sought:       House         Senate       President         Other (specify)       Image: Computer Software         Office Sought:       House         Disbursement For:       General         Other (specify)       Image: Computer Software         Full Name (Last, First, Middle Initial)       O-N Radio, Inc.         Mailing Address       1 Social St.         City       State         Woonsocket       RI         Purpose of Disbursement         Advertisement         Candidate Name         Office Sought:       House         Disbursement For:         Senate       Disbursement For:         Office Sought:       House         Disbursement For:         Office Sought:       House         Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:		on			Amount of Each Disbursement this Perio
Office Sought:       House       Disbursement For:       It C.F.R. 400.53 <sup>°</sup> Office Sought:       President       Disbursement For:       It C.F.R. 400.53 <sup>°</sup> State:       District:       Other (specify)       It C.F.R. 400.53 <sup>°</sup> Full Name (Last, First, Middle Initial)       O-N Radio, Inc.       Transaction ID: D11500         Date of Disbursement       Mailing Address       1 Social St.         City       State       Zip Code         Woonsocket       RI       02895         Purpose of Disbursement       004         Candidate Name       O04         Office Sought:       House         Disbursement For:       Senate         Orfice Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Orfice Sought:       Disbursement For:         Office Sought:       Disbursement For:         President       Other (specify)         State:       District:				001	Refund or Disposal of Excess
Senate       Primary       General         Other (specify)       Image: Construct (specify)       Image: Construct (specify)         Full Name (Last, First, Middle Initial)       O-N Radio, Inc.       Image: Construct (specify)       Image: Construct (specify)         Mailing Address       1 Social St.       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)         Mailing Address       1 Social St.       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)         City       State       Zip Code       Amount of Each Disbursement this Perice         Mating Address of Disbursement       Image: Construct (specify)       Image: Construct (specify)       Amount of Each Disbursement this Perice         Purpose of Disbursement       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)         Office Sought:       House       Disbursement For:       Senate       Disbursement For:       Construct (specify)       Image: Construct (specify)       Image: Construct (specify)         State:       District:       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)       Image: Construct (specify)	Candidate N	ame			
Full Name (Last, First, Middle Initial)       O-N Radio, Inc.       Transaction ID: D11500         Mailing Address       1 Social St.       1 2 1 7 1 7 1 2 0 0 7 1         City       State       Zip Code         Woonsocket       RI       02895         Purpose of Disbursement       004         Advertisement       004         Candidate Name       Disbursement For:         Senate       President         President       Other (specify)         State:       District:	-	Senate President	Primary General		
O-N Radio, Inc.       Interview of Disbursement         Mailing Address       1 Social St.         City       State       Zip Code         Woonsocket       RI       02895         Purpose of Disbursement       004         Advertisement       004         Candidate Name       004         Office Sought:       House         President       Disbursement For:         Senate       Primary         General       Other (specify)         State:       District:					
City     State     Zip Code       Woonsocket     RI     02895       Purpose of Disbursement     004       Advertisement     004       Candidate Name     004       Office Sought:     House       Disbursement For:     Senate       President     Other (specify)       State:     District:					Date of Disbursement
Woonsocket     RI     02895       Purpose of Disbursement     004       Advertisement     004       Candidate Name     004       Candidate Name     004       Office Sought:     House       Disbursement For:     Senate       President     Other (specify)       State:     District:	Mailing Addr	ress 1 Social St.			
Advertisement       004         Candidate Name       004         Candidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:		et			Amount of Each Disbursement this Perio
Office Sought:     House     Disbursement For:     Type     11 C.F.R. 400.53       Office Sought:     House     Primary     General       President     Other (specify)     ▼	Advertiseme	nt		004	Refund or Disposal of Excess
Senate     Primary     General       President     Other (specify)     ▼	Candidate N	ame			
1400.50		Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional)	State:	District:			
	SUBTOTAL of	Disbursements This Page (optional	)	►	1492.50

	Use separate schedule(s		LINE NUMBER: ck only one)		PA	GE 100/176
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 20a	18 20b	19a 20c	19b 21
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
Friends of Patrick J. Kennedy Inc.						
Full Name (Last, First, Middle Initial) Postmaster			Transac Date of I	<b>tion ID:</b>   Disburser		i
Mailing Address 15 Wall St.			1 <sup>°</sup> 2 <sup>°</sup>	<sup>D</sup> 0	D / Y	<sup>2</sup> 007 <sup>°</sup>
City Foxboro	StateZip CodeMA02035		Amount	of Each I	Disburse	ment this Perio
Purpose of Disbursement						82.00
Postage Candidate Name		001 Categor	v/ Cont	nd or Dis ributions .F.R. 400	Require	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Туре				
Full Name (Last, First, Middle Initial)			Turanaa			
Postmaster				Disburser	ment	
Mailing Address 1400 L St. SE			1 <sup>°</sup> 2 <sup>°</sup>	<sup>/</sup> <b>1</b>	B / Y	<sup>2</sup> 007 <sup>°</sup>
City Washington	State Zip Code DC 20003		Amount	of Each I	Disburse	ment this Perio
Purpose of Disbursement Postage		001		nd or Dis		
Candidate Name		Categor Type		ributions .F.R. 400		d Under
Senate President	ement For: Primary General Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)			<b>.</b>			
RI Dept. of Employment & Training			Transac Date of I	Disburser	ment	
Mailing Address One Capitol Hill Suite 36	;		10 <sup>M</sup>	/ D	5 /	<sup>2</sup> 007 <sup>°</sup>
City Providence	State Zip Code RI 02908		Amount	of Each I	Disburse	ment this Perio
Purpose of Disbursement Payroll taxes/withholdings		001		nd or Dis	posal of	224.00 Excess
Candidate Name		Categor Type	v/ Cont	ributions .F.R. 400	Require	d Under
Senate President	ement For: Primary General Other (specify) <b>V</b>					
State: District:						
SUBTOTAL of Disbursements This Page (optional)			•			8106.00

CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NUMBER:         PAGE         101 / 176           y one)         X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and for commercial purposes, other than using t			for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Sonia Cleaning Service			Transaction ID: D11310 Date of Disbursement
Mailing Address 12150 Jennell Dr.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} $
City Bristow	State Zip Code VA 20136		Amount of Each Disbursement this Perio
Purpose of Disbursement Office cleaning		001	45.72 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	bisbursement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: D11434
Sonia Cleaning Service			Date of Disbursement
Mailing Address 12150 Jennell Dr.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} T \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$
City Bristow	State Zip Code VA 20136		Amount of Each Disbursement this Perio
Purpose of Disbursement Office cleaning Candidate Name		001 Category/	45.72 Refund or Disposal of Excess Contributions Required Under
		Type	11 C.F.R. 400.53
Senate	lisbursement For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) Sonia Cleaning Service			Transaction ID: D11493 Date of Disbursement
Mailing Address 12150 Jennell Dr.			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
City Bristow	State Zip Code VA 20136		Amount of Each Disbursement this Perio
Purpose of Disbursement Office cleaning		001	45.72 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (or	otional)	►	137.16

CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only		02 / 176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 1	19b 21
ny Information copied from such Reports and Star for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.				
Full Name (Last, First, Middle Initial) State of Rhode Island			Transaction ID: D11291 Date of Disbursement	
Mailing Address Division of Taxation One Capitol Hill				Ŏ7Ÿ
City Providence	State Zip Code RI 02908		Amount of Each Disbursement the	
Purpose of Disbursement Payroll taxes/withholdings Candidate Name	[	001 Category/	Refund or Disposal of Exces Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼	Туре		
Full Name (Last, First, Middle Initial) State of Rhode Island			Transaction ID: D11417 Date of Disbursement	V V
Mailing Address Division of Taxation One Capitol Hill			111 <sup>M</sup> / 05 <sup>D</sup> / 20	Ŏ7Ÿ
City Providence	State Zip Code RI 02908		Amount of Each Disbursement the	
Purpose of Disbursement Payroll taxes/withholdings Candidate Name	[	001 Category/	Refund or Disposal of Exces Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼	Туре	П С.Г. <b>п</b> . 400.55	
Full Name (Last, First, Middle Initial) State of Rhode Island			Transaction ID: D11474 Date of Disbursement	
Mailing Address Division of Taxation One Capitol Hill			$12^{M} 2^{M} 1^{D} 03^{D} 1^{Y} 20$	Ŏ7Ÿ
City Providence	State Zip Code RI 02908		Amount of Each Disbursement the	
Purpose of Disbursement Payroll taxes/withholdings		001	Refund or Disposal of Exces	
Candidate Name		Category/ Type	Contributions Required Unde 11 C.F.R. 400.53	
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (option	al)	►	7	0.78

CHEDULE B (FEC Form 3 ) FEMIZED DISBURSEMENTS		INE NUMBER: only one) X 17 18 19a 19b 20b 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full)		
Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Terri Alford		Transaction ID: D11304 Date of Disbursement
Mailing Address 3207 Chichester Lane		$10^{M} / 08^{J} / 2007^{Y}$
City Fairfax	StateZip CodeVA22031	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel & Constituent expense	000	381.50
Candidate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) Towne House Flowers		Transaction ID: D11320 Date of Disbursement
Mailing Address 2555 Hartford Ave.		$10^{\text{M}}  15^{\text{D}}  2007^{\text{Y}}$
City Johnston	State Zip Code RI 02919	Amount of Each Disbursement this Perio
Purpose of Disbursement Constituent expense	001	123.05 Refund or Disposal of Excess Contributions Required Under
Candidate Name	Category/ Type	11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) United Parcel Service		Transaction ID: D11281 Date of Disbursement
Mailing Address P.O. Box 7247-0244		10 <sup>M</sup> / 01 <sup>D</sup> / 2007 <sup>Y</sup>
City Philadelphia	State Zip Code PA 19170	Amount of Each Disbursement this Perio
Purpose of Disbursement Postage	001	35.72 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼	
State: District:		► 540.27
SUBTOTAL of Disbursements This Page (optional)		

Philadelphia       PA       19170         Purpose of Disbursement       001       67.78         Postage       001       Category/ Type       Refund or Disposal of Excess Contributions Required Under         Office Sought:       House       Disbursement For:       0       10.11         State:       District:       Primary       General       001         Vinted Parcel Service       It of 15       Y 0 0 7       X         Mailing Address       P.O. Box 7247-0244       001       Category/ Type       X       X 0 0 7         Office Sought:       House       Disbursement For:       001       Amount of Each Disbursement this Peric         Purpose of Disbursement       Ooter (specify) ▼       State       20 0 7       Amount of Each Disbursement this Peric         Office Sought:       House       Disbursement For:       Other (specify) ▼       Category/ Type       Transaction ID: D11399         Office Sought:       House       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement this Peric         Mailing Address       P.O. Box 7247-0244       Other (specify) ▼       Amount of Each Disbursement this Peric         City       President       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement this Peric <tr< th=""><th>SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS</th><th>Use separate schedule(s) for each category of the Detailed Summary Page</th><th>(check only</th><th></th></tr<>	SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         United Parcel Service         Mailing Address       P.O. Box 7247-0244         Cily       Philadelphia         Purpose of Disbursement       001         Candidate Name       001         Category/ Type       001         Office Sought:       House         Disbursement       Disbursement For:         State:       District:         President       Other (specify)         Validate Name       Other (specify)         Full Name (Last, First, Middle Initial)       United Parcel Service         Mailing Address       P.O. Box 7247-0244         City       Philadelphia         Philadelphia       PA         19170       Other (specify)         Purpose of Disbursement       Postage         Candidate Name       Disbursement For:         Philadelphia       PA         19170       President         Office Sought:       House         Senate       Disbursement For:         Postage       Other (specify)         Office Sought:       House         Senate       Disbursement For:         Puration Disbursement	or for commercial purposes, other than using the name			or the purpose of soliciting contributions
United Parcel Service       Mailing Address       P.O. Box 7247-0244         Mailing Address       P.O. Box 7247-0244       Image: Constraint of Disbursement         City       PA       19170         Purpose of Disbursement       PA       19170         Postage       O01       Gr.78         Candidate Name       O01       Gr.78         Office Sought:       House       Disbursement For:         Diffice Sought:       Senate       PA         President       District:       Transaction ID: D11316         Date of Disbursement       Core       General         Purpose of Disbursement       PA       19170         Purpose of Disbursement       Postage       O01       Category         City       Senate       President       Other (specify) ▼         State:       District:       Disbursement For:       Contributions Required Under         Diffice Sought:       House       Disbursement For:       Controlutions Required Under				
Mailing Address       P.O. Box 7247-0244       10       0.8       2.0.0.7         City       PA       19170       Amount of Each Disbursement this Peric         Purpose of Disbursement       Postage       001       67.78         Candidate Name       Disbursement For:       President       001         Office Sought:       House       Disbursement For:       President         President       Other (specify) ▼       Intel Astrong Kinddle Initial       Transaction ID: D11316         United Parcel Service       Disbursement For:       Other (specify) ▼       Amount of Each Disbursement this Peric         Postage       001       City       State       Zip Code         Philadelphia       PA       19170       President         Purpose of Disbursement Porce       001       Cate of Disbursement this Peric         Postage       001       Category/ Type       Xecund of Each Disbursement this Peric         Office Sought:       House       Disbursement For:       Disbursement For:         President       District:       Other (specify) ▼       Transaction ID: D11399         Date of Disbursement       Postage       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       D				
Philadelphia       PA       19170         Purpose of Disbursement       Postage       001         Cardidate Name       001       Category/ Type       Refund or Disposal of Excess Contributions Required Under         Office Sought:       House       Disbursement For:       General         President       Other (specify) ▼       Interview       Transaction ID: D11316         United Parcel Service       Mailing Address       P.O. Box 7247-0244       Mount of Each Disbursement         City       Parasite       Disbursement For:       Quited Under         Purpose of Disbursement       Postage       Out       Contributions Required Under         Office Sought:       House       Disbursement For:       State       Zip Code         Philadelphia       PA       19170       Amount of Each Disbursement       Contributions Required Under         Purpose of Disbursement       Postage       Out       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Senate       Primary       General         Office Sought:       Disbursement For:       Disbursement For:       Amount of Each Disbursement       20 0 7 7         City       Philadelphia       PA       19170       Amount of Each Disburse	Mailing Address P.O. Box 7247-0244			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$
Postage       001         Catagoryi       Oticategoryi         Type       Office Sought:       House         Period or Disposal of Excess       Contributions Required Under         State:       District:         Full Name (Last, First, Middle Initial)       Iter (specify) ▼         United Parcel Service       Iter (specify) ▼         Mailing Address       P.O. Box 7247-0244         City       Parage         President       Other (specify) ▼         Office Sought:       House         Senate       President         President       Other (specify) ▼         Office Sought:       House         Senate       President         Office Sought:       House         Disbursement For:       Other (specify) ▼         Other (specify) ▼       Transaction ID: D11396         Amount of Each Disbursement for:       Other (specify) ▼         Other (specify) ▼       Transaction ID: D11399         Date of Disbursement for:       Other (specify) ▼         President       Other (specify) ▼         Amount of Each Disbursement for:       Other (specify) ▼         Amount of Each Disbursement for:       Other (specify) ▼         Amount of Each Disbursement for:				Amount of Each Disbursement this Perio
Office Sought:       House       Disbursement For:       President         State:       District:       Other (specify) ▼       Full Name (Last, First, Middle Initial)         United Parcel Service       Mailing Address       P.O. Box 7247-0244       Transaction ID: D11316         City       Philadelphia       PA       19170         Portage       001       Category/ Type       Amount of Each Disbursement         Postage       001       Category/ Type       Refund or Disposal of Excess         Contributions Required Under       11 C.F.R. 400.53       Contributions Required Under         Office Sought:       House       Disbursement For:       President         Office Sought:       House       Disbursement For:       Contributions Required Under         Full Name (Last, First, Middle Initial)       United Parcel Service       Transaction ID: D11399         Mailing Address       P.O. Box 7247-0244       Transaction ID: D11399         City       State       Zip Code         Philadelphia       PA       19170         Pourses of Disbursement       Poot         Pootsage       Other (specify) ▼         City       State       Zip Code         Philadelphia       PA       19170         Presage	Postage		Category/	Refund or Disposal of Excess Contributions Required Under
United Parcel Service       Date of Disbursement         Mailing Address       P.O. Box 7247-0244         City       PA         Philadelphia       PA         Postage       001         Cardidate Name       O01         Office Sought:       House         Disbursement For:       President         Primary       General         Office Sought:       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)       Other (specify)         United Parcel Service       Mailing Address         Mailing Address       P.O. Box 7247-0244         City       State         Philadelphia       State         Philadelphia       State         Postage       001         Cardidate Name       001         Office Sought:       House         Postage       001         Cardidate Name       001         Office Sought:       House         Disbursement For:       001         Particle       001         Cardidate Name       Disbursement For:         President       Disbursement For:         President       Disbursement For: <td>Senate President</td> <td>Primary General</td> <td>Туре</td> <td>11 U.F.n. 400.33</td>	Senate President	Primary General	Туре	11 U.F.n. 400.33
City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001       Category/         Postage       001       Category/         Candidate Name       Disbursement For:       Senate         President       Disbursement For:       Contributions Required Under         State:       District:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Other (specify) ▼       Transaction ID: D11399         Date of Disbursement       Disbursement For:       Disbursement this Peric         Mailing Address       P.O. Box 7247-0244       Mount of Each Disbursement this Peric         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001         Cardidate Name       001         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001       Category/         Postage       Disbursement For:       Senate         Office Sought:       House       Disbursement For:       Category/         State:       Disbursement For:       General       Other (specify) ▼	United Parcel Service			Date of Disbursement
Philadelphia       PA       19170         Purpose of Disbursement       001       23.37         Postage       001       Category'         Candidate Name       001       Category'         Office Sought:       House       Disbursement For:       Contributions Required Under         State:       District:       Other (specify) ▼       Transaction ID: D11399         Turing Address       P.O. Box 7247-0244       Transaction ID: D11399         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       O01         City       State       Zip Code         Postage       O01       Category'         Candidate Name       O01       Category'         Office Sought:       House       Disbursement For:         State:       Disbursement For:       Senate         Portage       O01       Category'         Candidate Name       Disbursement For:       Senate         President       Disbursement For:       Category'         City       Senate       Primary       General         Office Sought:       House       Disbursement For:       Category'         State: <td></td> <td>State Zin Code</td> <td></td> <td></td>		State Zin Code		
In the posting       001         Postage       001         Candidate Name       001         Office Sought:       House         Senate       President         Other (specify)       In the president         State:       Disbursement For:         Full Name (Last, First, Middle Initial)       Other (specify)         United Parcel Service       In the president         Mailing Address       P.O. Box 7247-0244         City       State         Philadelphia       PA         Postage       001         Candidate Name       001         Office Sought:       House         Disbursement       001         Purpose of Disbursement       001         Postage       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         State:       District:	Philadelphia			
Senate       Primary       General         Other (specify)       ✓         State:       District:         Full Name (Last, First, Middle Initial)       United Parcel Service         Mailing Address       P.O. Box 7247-0244         City       State         Philadelphia       PA         Postage       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursement For:         Senate       Primary         General       Other (specify)	Postage		Category/	Refund or Disposal of Excess Contributions Required Under
United Parcel Service       Date of Disbursement         Mailing Address       P.O. Box 7247-0244         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001         Postage       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         State:       District:	Senate President	Primary General		
City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001       20.63         Postage       001       Category/ Type       Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Ceneral         President       Other (specify)       ▼				Date of Disbursement
Philadelphia       PA       19170         Purpose of Disbursement       001       20.63         Postage       001       Category/ Type       20.63         Candidate Name       001       Category/ Type       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Caneral         Office Sought:       President       Other (specify)       ▼         State:       District:       001       110 C.F.R. 400.53	Mailing Address P.O. Box 7247-0244			
Postage       001         Candidate Name       001         Candidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:				Amount of Each Disbursement this Perio
Office Sought:     House     Disbursement For:     Type     11 C.F.R. 400.53       Office Sought:     Primary     General     Other (specify)     11 C.F.R. 400.53       State:     District:     Other (specify)     Image: State St	Postage			Refund or Disposal of Excess
Senate     Primary     General       President     Other (specify)     ▼				
	Senate President	Primary General		
			►	111.78

Testind address       Port address       Provide address       Pr	ITEMIZED DISSURSEMENTS	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	
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)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         United Parcel Service         Maiing Address       P.O. Box 7247-0244         City       Philadelphia         Propose of Disbursement         Previous       Contributions Required Under         Office Sought:       House         Propose of Disbursement       Disbursement For:         Previous       General         Office Sought:       House         Previded       Disbursement For:         Previded       Other (specify) ▼         State:       District:         Previded       PA         Primary       General         Office Sought:       House         State:       Disbursement For:         Office Sought:       House         St	for committee to solicit contributions from such committee         NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy inc.         Full Name (Last, First, Middle Initial)         United Parcel Service         Maling Address       P.O. Box 7247-0244         City       Philadelphia         President       Other (specify)         City       State         Propase of Disbursement       Disbursement For:         Office Sought:       House         President       Disbursement For:         Office Sought:       P.O. Box 7247-0244         Tassaction ID: D11422       Disbursement For:         Office Sought:       President         President       Other (specify)         Purpose of Disbursement       Disbursement For:         Other (specify)       Transaction ID: D11422         Date of Disbursement       Transaction ID: D11422         Date of Disbursement       Transaction ID: D11422         Date of Disbursement For:       State         President       Primary         General       O01         City       State         President       Primary         General       O01         City       State	I EMIZED DISBURSEMENTS			X 17 18 19a 19b
Friends of Patrick J. Kennedy Inc.         Ful Name (Last, First, Middle Initial) United Parcel Service       Transaction ID: D11416 Date of Disbursement         Mailing Address       P.O. Box 7247-0244       If 1 × 0 0 š / 2 0 0 7 ×         City Purpose of Disbursement Postage       O11 Category/ Type       Anount of Each Disbursement this Perio         Candidate Name       O11 Category/ Type       Anount of Each Disbursement this Perio         Candidate Name       O11 Category/ Type       Transaction ID: D11422         Office Sought:       House President       Disbursement For: Senate       General         Office Sought:       House President       Disbursement For: Senate       General         Office Sought:       Disbursement For: President       Category/ Type       Transaction ID: D11422         Date of Disbursement Parcel Service       Disbursement For: President       Disbursement For: President       Anount of Each Disbursement His Perio         Office Sought:       House Disbursement For: Primacy ID (Category/ Type       O11 Category/ Type       Anount of Each Disbursement His Perio         Office Sought:       House Disbursement For: President       Disbursement For: Disbursement For: President       O11 Category/ Type       Transaction ID: D11452         Office Sought:       House Disbursement For: President       Disbursement For: Disbursement For: District:       Cote Philadelphia	Friends of Patrick J. Kennedy Inc.         Ful Name (Last. First, Middle Initial) United Parcel Service       Transaction ID: D11416 Date of Disbursement         Maling Address       P.O. Box 7247-0244       Immonstreament         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       Postage       001 Category         Office Sought:       House       Disbursement For: Bernd or Disposed I category         Office Sought:       House       Disbursement For: District:       Category         Full Name (Last, First, Middle Initial)       Other (specify) ♥       Transaction ID: D11422 Date of Disbursement In Perinary         Maling Address       P.O. Box 7247-0244       Transaction ID: D11422         City       President       O01 Office Sought:       Immonstreament For: Disbursement For: Disbursement         Office Sought:       House       Disbursement For: Disbursement For: District:       Category         Office Sought:       House       Disbursement For: District:       Category         Full Name (Last, First, Middle Initial)       United Parcel Service       Transaction ID: D11452         District:       Disbursement For: District:       State       Disbursement For: District:         Full Name (Last, First, Middle Inital)       United Parcel Service				
Full Name (Last, First, Middle Initial)       Transaction ID: D11416         United Parcel Service       Date of Disbursement         Mailing Address       P.O. Box 7247-0244         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       Oot       74.67         Refund or Disposal of Excess       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Contributions Required Under         District:       Disbursement For:       Contributions Required Under       11 C.F.R. 400.53         Vinited Parcel Service       Disbursement For:       State:       Disbursement For:         District:       PA       19170       Purpose of Disbursement         Purpose of Disbursement       PA       19170         Purpose of Disbursement       Postage       001         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       Disbursement For:       State:         Disbursement For:       Disbursement For:       State:         President       Disbursement For:       State:         President       Disbursement For:       Postage<	Full Name (Last, First, Middle Initial)       Transaction ID: D11416         United Parcel Service       Transaction ID: D11416         Maling Address       P.O. Box 7247-0244         City       PA         Purpose of Disbursement       PA         Propose of Disbursement       001         Catagory/       Transaction ID: D11416         Office Sought:       House         District:       Disbursement For:         Prinace (Disbursement       PA         Transaction ID: D11422       Disbursement For:         District:       Pa         Purpose of Disbursement       PA         Purpose of Disbursement       PA         Prinace (Last, First, Middle Initial)       United Parcel Service         Maling Address       P.O. Box 7247-0244         City       State         Purpose of Disbursement       PA         Prinace (Last, First, Middle Initial)       Transaction ID: D11422         Data of Disbursement       PA         Poiladelphia       PA         Pail Sege       Code         Philadelphia       PA         Parce of Disbursement       Pa         City       State       Zip Code         Prenation Broguided Under       I1 1	NAME OF COMMITTEE (In Full)			
United Parcel Service       Date of Disbursement to PA         Mailing Address       P.O. Box 7247-0244         City       State       Zip Code         Prupose of Disbursement       PA       19170         Prupose of Disbursement       O01       74.67         Postage       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:         President       Other (specify)       Inter (specify)         State:       District:       Other (specify)         Purpose of Disbursement       President       Inter (specify)         Prupose of Disbursement       President       Inter (specify)         State:       District:       Inter (specify)       Amount of Each Disbursement         Purpose of Disbursement       President       Inter (specify)       Inter (specify)         Purpose of Disbursement       Prose of Disbursement       Inter (specify)       Inter (specify)         Office Sought:       House       Disbursement For:       Inter (specify)       Inter (specify)         Office Sought:       House       Disbursement For:       Inter (specify)       Inter (specify)         Office Sought:       House       Disbursement For:       Inter (specify)       Inter (specify	United Parcel Service       Date of Disbursement         Mailing Address       P.O. Box 7247-0244         City       PA         Putpose of Disbursement       Parcel Service         Office Sought:       State         Disfursement       Disbursement For:         Office Sought:       State         Disfursement       Disbursement For:         Precident       Disbursement For:         Distresement       Other (specify)         Full Name (Last, First, Middle Initia)       United Parcel Service         Mailing Address       P.O. Box 7247-0244         City       State         Disbursement       Other (specify)         Philadelphia       PA         19170       Parcel Service         Office Sought:       House         Disbursement       Other (specify)         Candidate Name       Disbursement For:         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       House         Disbursement       Other (specify)         Candidate Name       Disbursement For:         President       Other (specify)         Mailing Address       P.O. Box 7247-0244         Th	Friends of Patrick J. Kennedy Inc.			
City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001         Cardidate Name       001         Category       Refund or Disposal of Excess         Candidate Name       Disbursement For:         President       Disbursement For:         President       District:         Full Name (Last, First, Middle Initia)       United Parcel Service         Mailing Address       P.O. Box 7247-0244         City       State         Philadelphia       PA         19170       Philadelphia         Parce of Disbursement       Disbursement For:         City       State         Philadelphia       PA         19170       Philadelphia         PA       19170         Purpose of Disbursement       Disbursement For:         Cardidate Name       Disbursement For:         Cardidate Name       District:         Full Name (Last, First, Middle Initia)       United Parcel Service         Mailing Address       P.O. Box 7247-0244         City       State         Prepresident       State         District:       President         Office Sought:	City       Name       Amount of Each Disbursement IP or intervent this Peri Print State:         Office Sought:       House       Disbursement For:       Other (specify)         Office Sought:       House       Disbursement For:       Category/         Office Sought:       House       Disbursement For:       Category/         Office Sought:       House       Disbursement For:       Category/         Office Sought:       Disbursement For:       Category/       Transaction ID: D11422         United Parcel Service       Disbursement For:       Disbursement President         Mailing Address       P.O. Box 7247-0244       Transaction ID: D11422         City       State:       Disbursement For:       Transaction ID: D11422         Purpose of Disbursement Posting       Other (specify)       Amount of Each Disbursement the Peri Primary         Office Sought:       House       Disbursement For:       Other (specify)         Office Sought:       House       Disbursement For:       Other (specify)         Office Sought:       House       Disbursement For:       Transaction ID: D11452         Disbursement       Other (specify)       Int Arrow of Each Disbursement this Peri 10 C+R. 400.53         Office Sought:       House       Disbursement For:       President      <				-
Philadelphia       PA       19170         Purpose of Disbursement       001       Category/ Type         Candidate Name       001       Category/ Type         Office Sought:       House President       Disbursement For: Primary       General Other (specify) ▼         State:       District:       Transaction ID: D11422 Date of Disbursement         Mailing Address       P.O. 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Office Sought:       House       Disbursement For:       If C.F.R. 400.53         State:       District:       Other (specify)       If C.F.R. 400.53         State:       District:       Other (specify)       If C.F.R. 400.53         Mailing Address       P.O. Box 7247-0244       If C.F.R. 400.53         City       Philadelphia       PA       Zip Code         Philadelphia       PA       19170         Postage       Controlutions Required Under       18.81         Refund or Disporsent President       001       Category'         Office Sought:       House       Disbursement For:       001         Candidate Name       Disbursement For:       President       Controlutions Required Under         Table of Disbursement President       Other (specify)       If 1       26 (* 20 0 7)         State:       District:       Other (specify)       Amount of Each Disbursement         Full Name (Last, First, Middle Initial)       If 1       01       26 (* 20 0 7)         United Parcel Service       Disbursement For:       Amount of Each Disbursement       If 1         President       Other (specify)       Cote       Amount of Each Disbursement this Period         Paraset       Disbursement For:       President       001	Office Sought:       House       Disbursement For:       State:       District:         State:       District:       Office (specify) ▼       Transaction ID: D11422         United Pared Service       Disbursement For:       Disbursement         Mailing Address       P.O. Box 7247-0244       Transaction ID: D11422         City       Philadelphia       PA       19170         Purpose of Disbursement       O01       Category/ Type       Amount of Each Disbursement this Peri         Candidate Name       O01       Category/ Type       Transaction ID: D11422         Office Sought:       House       Disbursement For:       O01         Candidate Name       Disbursement For:       Contributions Required Under         Office Sought:       House       Disbursement For:       President         City       State:       Disbursement For:       Disbursement Perimary       General         Office Sought:       House       Disbursement For:       President       Mailing Address       P.O. Box 7247-0244         City       State:       Disbursement For:       PA       19170       Amount of Each Disbursement this Peri         Postage       Contributions Required Under       19.22       Refund or Disposal of Exceess       Contributions Required Under	-		A	
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City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       PA       19170         Postage       001       Category/         Candidate Name       Disbursement For:       001         Christer       Senate       President         Office Sought:       House       Disbursement For:         President       Other (specify) ▼         State:       District:         Mailing Address       P.O. Box 7247-0244         City       PA         Purpose of Disbursement       Postage         Candidate Name       O01         City       State         Purpose of Disbursement       PA         Postage       O01         Category/       Y         Quinted Parcel Service       Amount of Each Disbursement this Perio         Mailing Address       P.O. Box 7247-0244         City       Senate       O01         Purpose of Disbursement       PA         Postage       O01         Category/       Type         Office Sought:       House         Senate       Disbursement For:         President       Other (specify) ▼ <td>City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001       Category/ Type       Refund or Disposal of Excess         Candidate Name       Disbursement For:       President       Disbursement For:         Office Sought:       House       Disbursement For:       President         State:       District:       Other (specify) ▼       Transaction ID: D11452         Date of Disbursement       Disbursement       Disbursement         Mailing Address       P.O. Box 7247-0244       Transaction ID: D11452         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       Dother (specify) ▼       Amount of Each Disbursement this Peri         Postage       Other (specify) ▼       Int C.F.R. 400.53         Office Sought:       House       Disbursement For:       Other (specify) ▼         Office Sought:       House       Disbursement For:       Other (specify) ▼         Subtrott       Disbursement For:       Other (speci</td> <td></td> <td></td> <td></td> <td>Date of Disbursement</td>	City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001       Category/ Type       Refund or Disposal of Excess         Candidate Name       Disbursement For:       President       Disbursement For:         Office Sought:       House       Disbursement For:       President         State:       District:       Other (specify) ▼       Transaction ID: D11452         Date of Disbursement       Disbursement       Disbursement         Mailing Address       P.O. Box 7247-0244       Transaction ID: D11452         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       Dother (specify) ▼       Amount of Each Disbursement this Peri         Postage       Other (specify) ▼       Int C.F.R. 400.53         Office Sought:       House       Disbursement For:       Other (specify) ▼         Office Sought:       House       Disbursement For:       Other (specify) ▼         Subtrott       Disbursement For:       Other (speci				Date of Disbursement
Philadelphia       PA       19170         Purpose of Disbursement       001       Refund or Disposal of Excess         Candidate Name       001       Category/ Type       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       Refund or Disposal of Excess         State:       District:       President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       United Parcel Service       Transaction ID: D11452         Mailing Address       P.O. Box 7247-0244       Table of Disbursement this Perio         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       O01       Category/ Type         Office Sought:       House       Disbursement For:         President       Disbursement For:       O01         Category/ Type       Transaction ID: D11452         Disbursement       O01       Amount of Each Disbursement this Perio         Purpose of Disbursement       O01       Category/ Type         Office Sought:       House       Disbursement For:       O11         President       Dither (specify) ▼       Eneral       11 C.F.R. 400.53         SUBETOTAL of Disbursements This Page (optional)       112.70	Philadelphia       PA       19170         Purpose of Disbursement       001       Refund or Disposal of Excess         Candidate Name       001       Category/ Type       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       Contributions Required Under         State:       District:       Other (specify)       Transaction ID: D11452         Full Name (Last, First, Middle Initial)       United Parcel Service       Transaction ID: D11452         Mailing Address       P.O. Box 7247-0244       Amount of Each Disbursement this Peri         Purpose of Disbursement       PA       19170         Philadelphia       PA       19170         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:         Postage       001       Category/ Type       Refund or Disposal of Excess         Contributions Required Under       19.22       Refund or Disposal of Excess       Contributions Required Under         Office Sought:       House       Disbursement For:       001       19.22         Office Sought:       House       Disbursement For:       01       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       01 <td< td=""><td>Mailing Address P.O. Box 7247-0244</td><td></td><td></td><td><math display="block">\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} </math></td></td<>	Mailing Address P.O. Box 7247-0244			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
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Office Sought:       House       Disbursement For:       Type       11 C.F.R. 400.53 <sup>*</sup> Office Sought:       President       Other (specify)       In C.F.R. 400.53 <sup>*</sup> State:       District:       Other (specify)       In C.F.R. 400.53 <sup>*</sup> Full Name (Last, First, Middle Initial)       Other (specify)       In C.F.R. 400.53 <sup>*</sup> Mailing Address       P.O. Box 7247-0244       In M       In C.F.R. 400.53 <sup>*</sup> Mailing Address       P.O. Box 7247-0244       In M       In C.F.R. 400.53 <sup>*</sup> City       State       Zip Code       Amount of Each Disbursement this Perior         Purpose of Disbursement       PA       19170       19.22         Refund or Disposal of Excess       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       In C.F.R. 400.53         State:       District:       Other (specify)       In C.F.R. 400.53         Subtrott       Other (specify)       In C.F.R. 400.53	Office Sought:       House       Disbursement For:       Type         Office Sought:       President       Other (specify) ▼       I1 C.F.R. 400.53         State:       District:       Other (specify) ▼       Transaction ID: D11452         Full Name (Last, First, Middle Initial)       United Parcel Service       Transaction ID: D11452         Mailing Address       P.O. Box 7247-0244       I1 1         City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       001         Candidate Name       Oother (specify) ▼         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         State:       District:         Subtrottal of Disbursements This Page (optional)       112.70         Tottal. This Period (last page this line number only)       112.70			001	Refund or Disposal of Excess
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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)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         United Parcel Service         Maling Address       P.O. Box 7247-0244         City       PA         Purpose of Disbursement         Purpose of Disbursement         President         Office Sought:       House         Disbursement         President         Office Sought:       Bisbursement For:         State:       Disbursement For:         State:       Disbursement For:         State:       Disbursement For:         President       Other (specify) ▼         Aniang Address       P.O. Box 7247-0244         City       President         Purpose of Disbursement       Porce         Postage       001         Candidate Name       001         City       Partick First, Middle Initial)         United Parcel Service       Disbursement For:         Beartal       Primacy         General       001         City       Parel of Disbursement         Primacy <th></th> <th>Detailed Summary Page</th> <th></th> <th>20a 20b 20c 21</th>		Detailed Summary Page		20a 20b 20c 21			
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Full Name (Last, First, Middle Initial)       Transaction ID: D11605         United Parcel Service       Mailing Address       P.O. Box 7247-0244         City       Philadelphia       PA         Purpose of Disbursement       PA       19170         Postage       001       Category/ Type         Cardidate Name       Disbursement For:       001         Office Sought:       House       Disbursement For:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       User (specify) ▼       Transaction ID: D11296         US Treasury       State       Zip Code         Mailing Address       Credit Accounting Branch 3700 East - West Highway       Transaction ID: D11296         Category/ City       State       Zip Code         Purpose of Disbursement       MD       20782         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:         Payroll taxes/withholdings       Oo1       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type	Senate President	Primary General					
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City       State       Zip Code         Philadelphia       PA       19170         Purpose of Disbursement       PA       19170         Postage       001       Category/ Type       Refund or Disposal of Excess Contributions Required Under         Office Sought:       House       Disbursement For:       Contributions Required Under         State:       District:       Other (specify)       Image: Contribution State         Full Name (Last, First, Middle Initial)       US Treasury       Transaction ID: D11296         Mailing Address       Credit Accounting Branch 3700 East - West Highway       Zip Code         City       Malor State       Zip Code         Hyattsville       MD       20782         Purpose of Disbursement For:       O01         Payroll taxes/withholdings       Candidate Name         Office Sought:       House       Disbursement For:         President       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:         State:       District:       Contributions Required Under         Other (specify)        Contributions Required Under         Office Sought:       House       Disbursement For:         State:       District:	· · · · · · · · · · · · · · · · · · ·			Date of Disbursement			
Philadelphia       PA       19170         Purpose of Disbursement       O01       Refund or Disposal of Excess         Candidate Name       O01       Category/ Type         Office Sought:       House       Disbursement For:       Other (specify)         State:       District:       Other (specify)       Image: Contributions Required Under         State:       District:       Other (specify)       Image: Contributions Required Under         Mailing Address       Credit Accounting Branch       Transaction ID: D11296         JUS Treasury       State       Zip Code         Mailing Address       Credit Accounting Branch       20782         Purpose of Disbursement       MD       20782         Purpose of Disbursement       MD       20782         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement this Perio         Grifice Sought:       House       Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For:       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:       Contributions Required Under         Office Sought:       House       Disbursement For:       Contributions Required Under         Office Sought:	Mailing Address P.O. Box 7247-0244			$12^{M} / 26^{D} / 22007^{Y}$			
In updot of Disposed of Excess Candidate Name       001 Category/ Type       Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (specify)       General         Full Name (Last, First, Middle Initial) US Treasury       Transaction ID: D11296 Date of Disbursement         Mailing Address       Credit Accounting Branch 3700 East - West Highway       Transaction ID: D11296 Date of Disbursement         City       State       Zip Code MD       Amount of Each Disbursement this Perio         Purpose of Disbursement       001 Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For: Other (specify)       001 Category/ Type         Office Sought:       House       Disbursement For: Other (specify)       001 Category/ Type         State:       Disbursement For: Other (specify)       Other (specify)       11 C.F.R. 400.53							
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NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) US Treasury		Transaction ID: D11325 Date of Disbursement
Mailing Address Credit Accounting Brand 3700 East - West Highw		10 <sup>M</sup> /16 <sup>Y</sup> /2007 <sup>Y</sup>
City Hyattsville	State Zip Code MD 20782	Amount of Each Disbursement this Perio
Purpose of Disbursement Payroll taxes/withholdings	001	16.00 Refund or Disposal of Excess
Candidate Name	Catego Type	
Office Sought: House Disburs Senate President State: District:	Primary General Other (specify)	
Full Name (Last, First, Middle Initial) US Treasury		Transaction ID: D11420 Date of Disbursement
Mailing Address Credit Accounting Brand 3700 East - West Highw	ch /av	$\begin{array}{c c} & & & \\ & & & \\ \hline 1 & 1 & & \\ \end{array} \begin{array}{c} & & \\ & & \\ \end{array} \end{array}$
City Hyattsville	StateZip CodeMD20782	Amount of Each Disbursement this Peric
Purpose of Disbursement Payroll taxes/withholdings	001	5056.84 Refund or Disposal of Excess
Candidate Name	Catego Type	
Office Sought: House Disburs Senate President State: District:	Primary General Other (specify)	
Full Name (Last, First, Middle Initial) US Treasury		Transaction ID: D11486 Date of Disbursement
Mailing Address Credit Accounting Brand 3700 East - West Highw		$12^{M} / 10^{D} / 2007^{Y}$
City Hyattsville	State Zip Code MD 20782	Amount of Each Disbursement this Peric
Purpose of Disbursement Payroll taxes/withholdings	001	5056.85 Refund or Disposal of Excess
Candidate Name	Catego Type	
Senate President	Primary General Other (specify)	
State: District:		
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<u>۱</u>	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.								
	Full Name (Last, First, Middle Initial) Van Scoyoc Associates Inc. PAC				Date of	Disburse			
	Mailing Address 101 Constitution Ave Suite 600 West				1 <sup>0</sup>	/ <sup>D</sup> 1	7 ′	2007	7 1
	City Washington	StateZip CodeDC20001			Amount	of Each	Disburse	ment this I	
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	Office Sought: House Disk Senate President State: District:	oursement For: 2008 X Primary Gener Other (specify) ▼	al	Туре	* in-kind	-			
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Foxboro       MA       02035         Purpose of Disbursement       7000.00         Professional services-Accounting       001         Candidate Name       001         Office Sought:       House         State:       Distursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Verizon Wireless         Mailing Address       P.O. Box 41556         City       President         President       Disbursement For:         Purpose of Disbursement       001         Candidate Name       001         Candidate Name       001         City       State         Pril Name (Last, First, Middle Initial)       Verizon Wireless         Mailing Address       P.O. Box 41556         Office Sought:       House         President       Disbursement For:         State:       District:         President       Other (specify) ▼         Amaling Address       P.O. Box 41556         City       President         Philadelphia       PA         PA       19101         Purpose of Disbursement       001         City       Philadelphia	Foxboro       MA       02035         Purpose of Disbursement       001         Cardidate Name       001         Office Sought:       House         State:       District:         President       Other (specify) ▼         State:       District:         Verizon Wireless       Transaction ID: D11286         Mailing Address       P.O. Box 41556         City       State         Office Sought:       House         State:       Disbursement         Telephone       001         Cardidate Name       001         Office Sought:       House         State:       Disbursement         Telephone       001         Cardidate Name       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         President       Other (specify) ▼         Mailing Address       P.O. Box 41556         City       State       Zip Code         Philadelphia       PA       19101         Purpose of Disbursement       Other (specify) ▼         Amount of Ea	Mailing Address 124 Washington St. #10	1		$1^{M} 2^{M} / 0^{D} 3 / 2^{V} 2^{V} 0^{V} 7$				
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Candidate Name       Category' Type         Office Sought:       House President       Disbursement For: President       Category' Type         Full Name (Last, First, Middle Initial) Verizon Wireless       Disbursement For: President       Transaction ID: D11286 Date of Disbursement         Mailing Address       P.O. Box 41556       Amount of Each Disbursement         City       PA       19101         Purpose of Disbursement       001 Category' Type       Refund or Disposal of Excess Candidate Name         Office Sought:       House President       Disbursement For: President       001 Category' Type         Office Sought:       House President       Disbursement For: President       Contributions Required Under 11 C.F.R. 400.53         Mailing Address       P.O. Box 41556       Transaction ID: D11324         City       State       Zip Code President         Purpose of Disbursement Tor: President       Disbursement For: President       Amount of Each Disbursement         Verizon Wireless       PA       19101       Pa         Mailing Address       P.O. Box 41556       Office Sought:       PA         City       State       Zip Code PA       19101         Purpose of Disbursement       Category' Type       Amount of Each Disbursement this Perio Contributions Required Under         Office Sou	Candidate Name       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House Benate       Disbursement For: Office Sought:       Transaction ID: D11286 Date of Disbursement         Full Name (Last, First, Middle Initial) Verizon Wireless       Transaction ID: D11286 Date of Disbursement         Mailing Address       P.O. Box 41556         City       PA         Pul Name (Last, First, Middle Initial)       Y         Verizon Wireless       Other (specify) ▼         Amount of Each Disbursement       Other (specify) ▼         Purpose of Disbursement       Other (specify) ▼         Telephone       Other (specify) ▼         City       Psecient         Pull Name (Last, First, Middle Initial)       Verizon Wireless         Mailing Address       P.O. Box 41556         City       Psecient         Philadelphia       PA         PA       19101         Purpose of Disbursement Ter: Benate       Other (specify) ▼         City       State       Zip Code         Philadelphia       PA       19101         Purpose of Disbursement       Other (specify) ▼         City       P.Senate       Other (specify) ▼         Philadelphia       PA       19101				7000.00				
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Verizon Wireless       Date of Disbursement         Mailing Address       P.O. Box 41556         City       State       Zip Code         Philadelphia       PA       19101         Purpose of Disbursement       001         Telephone       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify)	Verizon Wireless       Date of Disbursement         Mailing Address       P.O. Box 41556         City       State       Zip Code         Philadelphia       PA       19101         Purpose of Disbursement       001         Telephone       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:								
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Philadelphia       PA       19101         Purpose of Disbursement       001       131.07         Telephone       001       Category/ Type       131.07         Candidate Name       001       Category/ Type       Category/ Type       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Contributions Required Under 11 C.F.R. 400.53       11 C.F.R. 400.53         State:       District:       Other (specify)       ▼       0	Philadelphia       PA       19101         Purpose of Disbursement       001       131.07         Telephone       001       Category/ Type       Refund or Disposal of Excess         Candidate Name       001       Category/ Type       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       Contributions Required Under         Senate       Primary       General       0ther (specify)         State:       District:       Other (specify)       T521.64	Mailing Address P.O. Box 41556			10 <sup>M</sup> /15 <sup>J</sup> /2007				
Telephone       001         Candidate Name       001         Category/ Type       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Telephone       001         Candidate Name       001         Category/ Type       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:         SUBTOTAL of Disbursements This Page (optional)       Tis Page (optional)								
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ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)		on for the purpose of soliciting contributions
Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID: D11389 Date of Disbursement
Mailing Address P.O. Box 41556		10 <sup>M</sup> / 22 <sup>D</sup> / Y Y Y Y Y
City Philadelphia	StateZip CodePA19101	Amount of Each Disbursement this Perio
Purpose of Disbursement Telephone	001	48.95 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify)	
State: District: Full Name (Last, First, Middle Initial)		Transaction ID: D11400
Verizon Wireless		Date of Disbursement
Mailing Address P.O. Box 41556		
City Philadelphia	StateZip CodePA19101	Amount of Each Disbursement this Perio
Purpose of Disbursement Telephone	001	1020.07 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID: D11441 Date of Disbursement
Mailing Address P.O. Box 41556		$\begin{array}{c c} & M & M \\ \hline 1 & 1 \\ \end{array} & \begin{pmatrix} D & D \\ 1 & 9 \\ \end{pmatrix} & \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ \end{array} \\ \end{array} $
City Philadelphia	State Zip Code PA 19101	Amount of Each Disbursement this Perio
Purpose of Disbursement Telephone	001	123.41 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼	
State: District:		1192.43

If EMIZED DISEDRENTS       Dreaded Summy Page       1       10       1		Use separate schedule(s)	FOR LINE (check only		PAGE 111/17
r 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) Full Name (Last, First, Middle Initial) Verizon Wireless Maling Address P.O. Box 41556 City Philadelphia PA Tabphone Candidate Name Uter (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Verizon Wireless Maling Address P.O. Box 41556 City President State: District: Full Name (Last, First, Middle Initial) Verizon Wireless Maling Address P.O. Box 41556 City Purpose of Disbursement Telephone Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Verizon Wireless Maling Address P.O. Box 41556 City Purpose of Disbursement Telephone Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Verizon Wireless Maling Address P.O. Box 41556 City Purpose of Disbursement Telephone Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Verizon Wireless Maling Address P.O. Box 41556 City Purpose of Disbursement State: District: Senate President Disbursement For: Candidate Name Other (specify) ▼ Disbursement For: Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name City Primary Candidate Name City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City Primary City	I EMIZED DISBURSEMENTS		lì é	<ul> <li>17</li> <li>18</li> </ul>	
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Verizon Wireless         Maling Address       P.O. Box 41556         City       PA         Primade Disbursement       Primary         Category       Primary         Category       Primary         Category       Primary         Category       Primary         State       Disbursement         Full Name (Last, First, Middle Initial)       Primary         Office Sought:       House         Disbursement       Formary         Category       Transaction ID: D11453         Disbursement For:       General         Primary       General         Primary       General         Primary       State         City       PA         Primary       Bernal         Primary       General         Office Sought:       House         General       Office Sought         Primary       State         City       Pa         Primary       General         Office Sought:       House         State       Disbursement For:         Other (specify) ▼					
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Verizon Wireless         Maling Address       P.O. Box 41556         City       PA         Primade Disbursement       Primary         Category       Primary         Category       Primary         Category       Primary         Category       Primary         State       Disbursement         Full Name (Last, First, Middle Initial)       Primary         Office Sought:       House         Disbursement       Formary         Category       Transaction ID: D11453         Disbursement For:       General         Primary       General         Primary       General         Primary       State         City       PA         Primary       Bernal         Primary       General         Office Sought:       House         General       Office Sought         Primary       State         City       Pa         Primary       General         Office Sought:       House         State       Disbursement For:         Other (specify) ▼	NAME OF COMMITTEE (In Full)				
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NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) George Zainyeh			Transaction ID: D11307 Date of Disbursement
Mailing Address 433 Seaside Dr.			
City Jamestown	State Zip Code RI 02835		Amount of Each Disbursement this Perio
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Mailing Address 433 Seaside Dr.			
City Jamestown	State Zip Code RI 02835		Amount of Each Disbursement this Perio
Purpose of Disbursement Wages		001	429.41
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President	ement For: Primary General Other (specify) ▼	•	
State: District:			
Full Name (Last, First, Middle Initial) George Zainyeh			Transaction ID: D11429 Date of Disbursement
Mailing Address 433 Seaside Dr.			$111 ^{M} / 15 ^{P} / 2007^{Y}$
City Jamestown	State Zip Code RI 02835		Amount of Each Disbursement this Perio
Purpose of Disbursement Wages		001	429.41
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
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President	···· · (- -··· <b>)</b> /		
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Image: Disburger in the second category of me in the purpose of soliciting contributions from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committies to solicit contributites from such commit from the purpose of Disbursement for:	Image: Disbursement Solution	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	
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)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         George Zainyeh         Maling Address       433 Seaside Dr.         City       State       Zip Code         Jamestion ID: D11459       Disbursement         Wages       O01       Category'         Candidate Name       Disbursement For:       Senate         President       Disbursement For:       Senate         Office Sought:       House       Disbursement For:       Senate         Office Sought:       House       Disbursement For:       Transaction ID: D11488         Derive Camped and Excess       Contributions Required Under       11 2' 2' 0' 0' 7'         Full Name (Last, First, Middle Initial)       General       O01       Transaction ID: D11488         Date of Disbursement       Wages       001       Transaction ID: D11488       Date of Disbursement this Perio         Office Sought:       House       Disbursement For:       State:       O11       Transaction ID: D11503         Office Sought:       House       Disbursement For:       Contributions Required Under       11 C.F.R.	r 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)         Full Name (Last, First, Middle Initial)         George Zainyeh         Maling Address       433 Seaside Dr.         City       State         Jammestown       RI         Office Sought:       House         Propose of Disbursement       Other (specify)         State:       District:         Propose of Disbursement       Other (specify)         State:       District:         Propose of Disbursement       Other (specify)         State:       District:         Propose of Disbursement       Category:         Office Sought:       House         State:       District:         Purpose of Disbursement       Category:         State:       District:         Purpose of Disbursement       Category:         Malling Address       433 Seaside Dr.         City       State       Cip Code         Jammestown       RI       02835         Purpose of Disbursement       Cotip         Jammestown       RI       02835         Candidate Name       Disbursement For:		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         George Zainyeh         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Candidate Name       001         Candidate Name       Disbursement For:         State:       Disbursement For:         President       Disbursement For:         President       Other (specify)         Mailing Address       433 Seaside Dr.         City       State         Jamestown       RI         Vages       001         Candidate Name       Other (specify)         Full Name (Last, First, Middle Initial)       Berneral         George Zainyeh       Other (specify)         Mailing Address       433 Seaside Dr.         City       State       Other (specify)         Office Sought:       House       Disbursement For:         Other (specify) </td <td>Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         George Zainyeh         Maling Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Cardidate Name       001         Cardidate Name       Disbursement For:         George Zainyeh       Primary         Maling Address       433 Seaside Dr.         Citic Sought:       House         Disbursement For:       George Zainyeh         Maling Address       433 Seaside Dr.         City       State         Disbursement For:       Disbursement For:         George Zainyeh       Other (specify) ▼         Maling Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       Wages       001         Cardidate Name       Other (specify) ▼       Amount of Each Disbursement this Peri         Disbursement For:       Disbursement For:       Contributions Required Under         Tamescton ID: D11503       Date of Disbursement       Tamescton ID: D11503         Ba</td> <td></td> <td></td> <td></td> <td></td>	Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         George Zainyeh         Maling Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Cardidate Name       001         Cardidate Name       Disbursement For:         George Zainyeh       Primary         Maling Address       433 Seaside Dr.         Citic Sought:       House         Disbursement For:       George Zainyeh         Maling Address       433 Seaside Dr.         City       State         Disbursement For:       Disbursement For:         George Zainyeh       Other (specify) ▼         Maling Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       Wages       001         Cardidate Name       Other (specify) ▼       Amount of Each Disbursement this Peri         Disbursement For:       Disbursement For:       Contributions Required Under         Tamescton ID: D11503       Date of Disbursement       Tamescton ID: D11503         Ba				
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George Zainyeh       Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Wages       001         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         Office Sought:       House         District:       Disbursement For:         City       Snate         President       Other (specify) ▼         Amount of Each Disbursement       Trensaction ID: D11488         Decorge Zainyeh       Disbursement For:         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jarmestown       RI       02835         Purpose of Disbursement       Wages         Candidate Name       Disbursement For:       Trensaction ID: D11488         Diffice Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Jarmestown       RI <td< td=""><td>George Zainyeh       Mate di bisbursement         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         George Zainyeh       Other (specify)         Office Sought:       Senate         President       Disbursement For:         Office Sought:       Senate         President       Other (specify)         State:       Disbursement For:         Other (specify)       It 2 ' 0 1 4' 2 0 0 7'         City       State         District:       Primay         Candidate Name       Disbursement For:         Other (specify)       Transaction ID: D11488         Date of Disbursement       22 0 0 7'         Amount of Each Disbursement       1 2 ' 1 4' 2 0 0 7'         Amount of Each Disbursement       20 0 7'         City       State       Zip Code         Date of Disbursement       22 0 0 7'         City       State       Disbursement For:         Purpose of Disbursement       001         City       State       Disbursement For:         Primary       General       Other (specify)      <t< td=""><td>Friends of Patrick J. Kennedy Inc.</td><td></td><td></td><td></td></t<></td></td<>	George Zainyeh       Mate di bisbursement         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         George Zainyeh       Other (specify)         Office Sought:       Senate         President       Disbursement For:         Office Sought:       Senate         President       Other (specify)         State:       Disbursement For:         Other (specify)       It 2 ' 0 1 4' 2 0 0 7'         City       State         District:       Primay         Candidate Name       Disbursement For:         Other (specify)       Transaction ID: D11488         Date of Disbursement       22 0 0 7'         Amount of Each Disbursement       1 2 ' 1 4' 2 0 0 7'         Amount of Each Disbursement       20 0 7'         City       State       Zip Code         Date of Disbursement       22 0 0 7'         City       State       Disbursement For:         Purpose of Disbursement       001         City       State       Disbursement For:         Primary       General       Other (specify) <t< td=""><td>Friends of Patrick J. Kennedy Inc.</td><td></td><td></td><td></td></t<>	Friends of Patrick J. Kennedy Inc.			
City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Cadidate Name       001         Office Sought:       House         Senate       Disbursement For:         Previolent       Disbursement For:         Previolent       Disbursement For:         Previolent       District:         Full Name (Last, First, Middle Initial)       General         Office Sought:       House         Jamestown       RI         Oligamestown       RI         Oligamestown       RI         Outing Carlingtown       Rift Or Disposal of Excess         Candidate Name       Outing Carlingtown         Outing Carlingtown       RI         Outing Carlingtown       RI         Outing Carlingtown       Rift Or Disposal of Excess         Candidate Name       Outing Carlingtown         Other (specify) ▼       Amount of Each Disbursement this Perio         Mailing Address       433 Seaside Dr.         City       Senate         Prevident Name (Last, First, Middle Initial)         George Zainyeh       Transaction ID: D11503         Mailing Address       433 Seaside Dr.	City       State       Zip Code         Jamestown       R1       02835         Purpose of Disbursement       429.41         Wages       001         Candidate Name       001         Office Sought:       House         Senate       Disbursement For:         Prepident       Disbursement For:         Prepident       District:         Full Name (Last, First, Middle Initial)       General         George Zainyeh       Transaction ID: D11488         Mailing Address       433 Seaside Dr.         City       State         Jarmestown       R1         Q2835       Amount of Each Disbursement         Wages       001         Candidate Name       Disbursement For:         Grandate Name       Disbursement For:         Senate       Disbursement For:         Senate       Disbursement For:         President       Disbursement For:         Office Sought:       House         Senate       Disbursement For:         Other (specify)       Transaction ID: D11503         District:       Disbursement for:         Gring Var       State         District:       Other (specify)	, , , , , , , , , , , , , , , , , , , ,			
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George Zainyeh       Date of Disbursement         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Wages       001         Cardidate Name       001         Office Sought:       House         Disbursement For:       Primary         President       Other (specify)         Full Name (Last, First, Middle Initial)       General         George Zainyeh       Transaction ID: D11503         Mailing Address       433 Seaside Dr.         City       State         Zip Code       Jamestown         Refund or Disposal of Excess         Contributions Required Under         11 C.F.R. 400.53         Disbursement For:         Optice Sought:         Hull Name (Last, First, Middle Initial)         George Zainyeh         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Cartegory/       Type         Office Sought:       House       Disbursement For:	George Zainyeh       Date of Disbursement         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Wages       001         Candidate Name       001         Office Sought:       House         Disbursement For:       President         State:       District:         Full Name (Last, First, Middle Initial)       General         George Zainyeh       Other (specify)         Mailing Address       433 Seaside Dr.         City       State         Jamestown       RI         Other (specify)       Category/         Transaction ID: D11503         Date of Disbursement this Peri         Mailing Address       433 Seaside Dr.         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       Qate of Disbursement this Peri         Qate of Disbursement       429.41         Mailing Address       433 Seaside Dr.         City       Senate       O01         Cardidate Name       Other (specify)       Amount of Each Disbursement this Per				
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Jamestown       RI       02835         Purpose of Disbursement       001         Wages       001         Candidate Name       001         Office Sought:       House         Senate       Primary         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         George Zainyeh         Mailing Address       433 Seaside Dr.         City       State         Jamestown       RI         Out       Out         Qamestown       RI         Out       Out         Category/       Type         Office Sought:       House         Office Sought:       Disbursement For:         Out       Category/         Type       Out         Gardidate Name       Disbursement For:         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Senate       Other (specify)         Other (specify)       Other (specify)	Jamestown RI 02835   Purpose of Disbursement 001   Wages 001   Candidate Name 001   Office Sought: House   Benate Primary   General Other (specify)      State: District:      Full Name (Last, First, Middle Initial)   George Zainyeh      Mailing Address 433 Seaside Dr.   City   Jamestown   RI   001   Category/   Jamestown   RI   001   Category/   Transaction ID: D11503   Date of Disbursement Mis Peri   Mailing Address   Jamestown   RI   Office Sought:   House   Office Sought:   House   Disbursement For:   Quarter Senate   Purpose of Disbursement   Wages   Candidate Name      Office Sought:   House   Office Sought:   House   Disbursement For:   President   State:   Disbursements This Page (optional) <b>1288.23</b>	Mailing Address 433 Seaside Dr.			
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Office Sought:       House       Disbursement For:       I1 C.F.R. 400.53 <sup>°</sup> Office Sought:       President       Disbursement For:       In C.F.R. 400.53 <sup>°</sup> State:       District:       Other (specify)       In C.F.R. 400.53 <sup>°</sup> Full Name (Last, First, Middle Initial)       George Zainyeh       In C.F.R. 400.53 <sup>°</sup> Mailing Address       433 Seaside Dr.       In C.F.R. 400.53 <sup>°</sup> City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Wages       O01         Candidate Name       Disbursement For:         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         Office Sought:       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:	Office Sought:       House       Disbursement For:       If C.F.R. 400.53         Office Sought:       President       Primary       General         President       Other (specify) ▼       If C.F.R. 400.53         State:       District:       Primary       General         Full Name (Last, First, Middle Initial)       George Zainyeh       Transaction ID: D11503         Mailing Address       433 Seaside Dr.       M2 × 2 0 0 7         City       State       Zip Code         Jamestown       RI       02835         Purpose of Disbursement       001         Candidate Name       O01         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         General       Other (specify) ▼         Office Sought:       House         Disbursement For:       General         Office Sought:       House         President       Disbursement For:         State:       District:         Subtrottal of Disbursements This Page (optional)       Item to the specify to the speci	•		001	Refund or Disposal of Excess
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TemIZED DISBURSEMENTS       Dratable Summary Page       17       18       198       194       19b         vmv Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicit contributions from such committee       NAME OF COMMITTEE (in Full)       17       18       198       194       206       190       21         NAME OF COMMITTEE (in Full)       Friends of Patrick J. Kennedy Inc.       Transaction ID: D11283       Date of Disbursement       17       0 0 1       2 0 0 7       X       0 0 7       2 0 0 7         Full Name (Last, First, Middle Initial)       American Express       Amount of Each Disbursement This Peric       288.87       Refund or Disposal of Excess         Condicate Name       O01, Category/ Type       State       Zip Code       Amount of Each Disbursement This Peric         Candidate Name       Disbursement For: President       Disbursement For: President       General       O01, Y 2 0 0 7         State:       District:       Disbursement For: President       Gate of Disbursement       28.87         Refund or Disposal of Excess       Cantidute Initial)       Amount of Each Disbursement this Peric         Cate of Disbursement       Outer (specify) ▼       Amount of Each Disbursement this Peric         Cate of Disbursement       Outer (specify) ▼       Amount of Each Disbursement this	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 117/176
for committies of any polical committee to solicit contributions from such committee         NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         American Express         Maling Address       P.O. Box 1270         City       State         Purpose of Disbursement         Credit Card - See Below if Itemized         Candidate Name         Office Sought:       House         Disbursement         Prevident         State:       Disbursement For:         Office Sought:       President         Maling Address       32 Exchange Terrace         City       State         Purpose of Disbursement       Candidate Name         Office Sought:       House         State:       Disbursement For:         Gendidate Name       Q02         Catagory/       Yage Office         Previdence       Rt         Providence       Rt         Previdence       Rt         Previdence       Prevident For:         Griddate Name       O202         Catagory/       Yage         Office Sought:       House         State:       Disbursement		Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21
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ny Information copied from such Reports and State for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
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	Category Type sement For: Primary General Other (specify) ▼	[MEMO ITEM]
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Mailing Address 15 E St. NW		$\begin{array}{c c} & & & \\ \hline \\ & & \\ \hline & & \\ \hline \\ \hline$
City Washington	State Zip Code DC 20001	Amount of Each Disbursement this Perio
Purpose of Disbursement Reception-Catering Candidate Name	007 Category Type	11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM]
Full Name (Last, First, Middle Initial) BWI Garage		Transaction ID: D11386 Date of Disbursement
Mailing Address BWI Airport		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 1 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} V \\ 7 \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} V \\ Y \\$
City Linthicum	StateZip CodeMD21090	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	002 Category Type	11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼	[MEMO ITEM]
UBTOTAL of Disbursements This Page (optional)		0.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) BWI Garage			Transaction ID: D11384 Date of Disbursement
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Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11385 Date of Disbursement
Mailing Address 135 JT Connell Highway	1		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
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Purpose of Disbursement Newspapers-Periodicals		002	7.49 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
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	PAGE 120 / 176
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from sub NAME OF COMMITTEE (in Full) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) City // State Zip Code Newport RI 02840 Purpose Olobursement Newspapers-Periodicals Candidate Name Disbursement For: State: District: Full Name (Last, First, Middle Initial) City // State Zip Code President Disbursement For: State: District: District: District: District: Disbursement Newspapers-Periodicals Candidate Name Disbursement Newspapers-Periodicals Candidate Name Disbursement For: State: District: Disbursement Newspapers-Periodicals Candidate Name Disbursement For: State: District: Disbursement Newspapers-Periodicals Candidate Name Disbursement For: State: District: Disbursement Newspapers-Periodicals Cantegory: City Newport RI 02840 Purpose of Disbursement Newspapers-Periodicals Cantegory: City Newport RI 02840 Purpose of Disbursement Mailing Address 135 JT Connell Highway City // State Zip Code President Disbursement Newspapers-Periodicals Cantegory: City Newport RI 02840 Purpose of Disbursement Mailing Address 135 JT Connell Highway City // State Zip Code President Disbursement Newspapers-Periodicals Cantegory: City Newport RI 02840 Purpose of Disbursement Newspapers-Periodicals Candidate Name Disbursement Newspapers-Periodicals Candidate Name Disbursement Newspapers-Periodicals Candidate Name Disbursement For: State: District: Disbursement For: State: District: Disbursement For: State: District: Disbursement For: State: Disbursement Newspapers-Periodicals Cantegory: Type Disbursement For: State: District: Disbursement For: State: Disbursement F	9a 19b 0c 21
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) Friends of Partick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Cityo/7-Eleven Newport RI 001 Category/ Type City City State District: Full Name (Last, First, Middle Initial) Citgo/7-Eleven Mailing Address 135 JT Connell Highway City City City City City City City Cit	EMIZED DISBURSEMENTS	for each category of the		( 17 18	
Full Name (Last, First, Middle Initial)       Transaction ID: D11373         Citgo/7-Eleven       Date of Disbursement         Mailing Address       135 JT Connell Highway         City       State       Zip Code         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       Disbursement For:         President       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         State:       Disbursement For:         President       Other (specify) ▼         Mailing Address       135 JT Connell Highway         City       State         Newport       R1         Purpose of Disbursement         Newport       State         Disbursement       001         City       State         Purpose of Disbursement         Newport       R1         Purpose of Disbursement         Newspapers-Periodicals       001         Candidate Name       Disbursement For:         Purpose of Disbursement       Transaction ID: D11343         Disbursement       001         Citgo/7-Eleven       State         Mailing Address       135 JT Connell Highway	for commercial purposes, other than using the name ar NAME OF COMMITTEE (In Full)				
Citgo7-Eleven       Date of Disbursement         Mailing Address       135 JT Connell Highway         City       State       Zip Code         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         State       Disbursement         Newspapers-Periodicals       001         Candidate Name       Disbursement For:         President       02840         Purpose of Disbursement       02840         Purpose of Disbursement       02840         Purpose of Disbursement       001         City       State         Newspapers-Periodicals       001         Category/       Transaction Ib: D11375         Office Sought:       House         Disbursement       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼         City       State       Zip Code         Refund or Disporsement	-				
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Newspapers-Periodicals       001         Candidate Name       001         Catagory/ Type       Catagory/ Type         Office Sought:       House         State:       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Other (specify)         Citgo/7-Eleven       Transaction ID: D11343         Mailing Address       135 JT Connell Highway         City       State         Newspapers-Periodicals       001         Candidate Name       001         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Other (specify)         Citgo/7-Eleven       Mailing Address         Mailing Address       135 JT Connell Highway         Citgo/7-Eleven       Other (specify)         Mailing Address       135 JT Connell Highway         Citgo/7-Eleven       Other (specify)				Amount of Each I	
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Citgo/7-Eleven       Mailing Address       135 JT Connell Highway         City       State       Zip Code         Newport       Rl       02840         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)       Citgo/7-Eleven         Mailing Address       135 JT Connell Highway         City       State         Varpose of Disbursement       President         Mailing Address       135 JT Connell Highway         City       State         Varpose of Disbursement       001         City       State         Newport       Rl         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       House         Ot	Senate Pr President O	rimary General		[MEMO ITEM]	
City       State       Zip Code         Newsport       R1       02840         Purpose of Disbursement       001         Candidate Name       O01         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       City         City       State         Mailing Address       135 JT Connell Highway         City       State         Purpose of Disbursement       001         Purpose of Disbursement       001         Refund or Disposal of Exce       Contributions Required Um         11 C.F.R. 400.53       [MEMO ITEM]         Full Name (Last, First, Middle Initial)       Transaction ID: D11375         City       State       Zip Code         Newspapers-Periodicals       001         Cardidate Name       001         Office Sought:       House         Disbursement For:       001         Category/       Type         Office Sought:       House         Disbursement For:       001         President       Other (specify)         State:	· · · · · · · · · · · · · · · · · · ·			Date of Disburser	nent
Newport       RI       02840         Purpose of Disbursement       001       Refund or Disposal of Exce         Candidate Name       001       Category'         Office Sought:       House       Disbursement For:       Category'         Office Sought:       House       Disbursement For:       General         Office Sought:       President       Other (specify) ▼       Image: Category'         State:       District:       Transaction ID: D11375         Citgo/7-Eleven       Date of Disbursement       Disbursement         Mailing Address       135 JT Connell Highway       Transaction ID: D11375         City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       001         Newspapers-Periodicals       001         Category/       Type         Office Sought:       House         Disbursement For:       Category/         Office Sought:       House         Disbursement For:       Category/         President       Disbursement For:         President       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼         S	Mailing Address 135 JT Connell Highway			10 10	
Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         Senate       President         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       City         City       State         Newspapers-Periodicals       001         City       State         Newport       RI         Purpose of Disbursement       001         Cardidate Name       001         Office Sought:       House         Senate       001         Purpose of Disbursement       001         Refund or Disposal of Exce       Contributions Required Unital)         City       State       Zip Code         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         Disbursement For:       General         Office Sought:       House         Disbursement For:       General         Office Sought:       House         President       Other (specify)         State:       District:         Suber Of Late of Disbursements This Page (optional) <td></td> <td></td> <td></td> <td>Amount of Each I</td> <td></td>				Amount of Each I	
Office Sought:       House       Disbursement For:       Image: Comparison of the second of the s	Newspapers-Periodicals				
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Citgo/7-Eleven       Date of Disbursement         Mailing Address       135 JT Connell Highway         City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)	Senate Pr President O	rimary General			
City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursements This Page (optional)				Date of Disburser	ment
Newport       RI       02840         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Mailing Address 135 JT Connell Highway				
Newspapers-Periodicals       001         Candidate Name       01         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       Disbursements This Page (optional)				Amount of Each I	Disbursement this Perio
Candidate Name       Category/ Category/ Type       Contributions Required Und 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓         State:       District:       ✓		[	001	Refund or Dis	1.56 posal of Excess
Office Sought:       House       Disbursement For:       General         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Other (specify)         SUBTOTAL of Disbursements This Page (optional)       Image: Control of Disbursements This Page (optional)			Category/	Contributions 11 C.F.R. 400	Required Under
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SCHEDULE B (FEC Form 3 )	Use separate schedule(s)		NUMBER: PAGE 122/176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11378 Date of Disbursement
Mailing Address 135 JT Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} 0 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} D \\ \end{array} \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} $
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers/Periodicals Candidate Name	[	002 Category/ Type	1.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11372 Date of Disbursement
Mailing Address 135 JT Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals Candidate Name	[	001	5.00 Refund or Disposal of Excess Contributions Required Under
	ement For:	Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
Senate President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11374 Date of Disbursement
Mailing Address 135 JT Connell Highway			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{pmatrix}$
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals		001	2.81 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		[=
UBTOTAL of Disbursements This Page (optional)		<b>Þ</b>	0.00
<b>OTAL</b> This Period (last page this line number only)		►	
5AN018			FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)		NUMBER: PAGE 123 /	176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) X 17 18 19a 19b 20a 20b 20c 21	
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam				;
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.				
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11326 Date of Disbursement	
Mailing Address 135 JT Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \end{array} \right) \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \\$	, Y
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this F	-
Purpose of Disbursement Newspapers-Periodicals Candidate Name		001 Category/ Type	6.0 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	6
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]	
Full Name (Last, First, Middle Initial) Cumberland Farms			Transaction ID: D11336 Date of Disbursement	V
Mailing Address 1812 E Main Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \right)^{M} \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right)^{D} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c} Y \\ 7 \end{array} \right)^{Y} \left( \begin{array}{c}$	, <sup>Y</sup>
City Portsmouth	StateZip CodeRI02871		Amount of Each Disbursement this F	
Purpose of Disbursement Newspapers-Periodicals		001	7.0 Refund or Disposal of Excess	0
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Haute on the Hill			Transaction ID: D11367 Date of Disbursement	
Mailing Address Rayburn House Office B B339B	ldg.		$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$	, Y
City Washington	StateZip CodeDC20515		Amount of Each Disbursement this F	
Purpose of Disbursement Reception-Catering		007	1261.5	6
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]	
UBTOTAL of Disbursements This Page (optional)			0.0	0
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5AN018			FEC Schedule B (Form 3) (Re	vise

SCHEDULE B (FEC Form 3 )		FOR LINE N (check only o	one)
	Detailed Summary Page	X	20a 20b 20c 21
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NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Hertz Car Rental			Transaction ID: D11382 Date of Disbursement
Mailing Address 544 Airport Rd.			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} \end{array} \begin{pmatrix} D & D \\ 1 & 0 \end{array} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 7 \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{pmatrix} Y \\ Y$
City Warwick	StateZip CodeRI02886		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	44.88 Refund or Disposal of Excess
Candidate Name	Ca	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
State: District: Full Name (Last, First, Middle Initial)			<b>B</b> / · · · · ·
Italian Store			Transaction ID: D11356 Date of Disbursement
Mailing Address 3123 Lee Hwy			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \begin{array}{c} 7 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 7 \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Arlington	State Zip Code VA 22201		Amount of Each Disbursement this Perio
Purpose of Disbursement Meeting expense		001	106.12 Refund or Disposal of Excess
Candidate Name	Ca	ategory/	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Marriott			Transaction ID: D11363 Date of Disbursement
Mailing Address 32 Exchange Terrace			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ Y & Y \end{pmatrix}$
City Providence	State Zip Code RI 02903		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		000	47.39
Candidate Name	Ca	002 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
TOTAL This Period (last page this line number only E5AN018	)	🕨	FEC Schedule B ( Form 3 ) (Revised

EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	
			X         17         18         19a         19b           20a         20b         20c         21
or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)			or the purpose of soliciting contributions licit contributions from such committee
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Pineapple Inn			Transaction ID: D11379 Date of Disbursement
Mailing Address 372 Coddington Highwa	ay		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \end{array} \right) \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \end{array} \\ \\ \\ \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \left( \begin{array}{c} Y \end{array} \\ \\ \\ \\ \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \\ \end{array} \right) \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \end{array} \right) \\ \\ \\ \\ \\ \\ \end{array} \right) \\ \\ \\ \\ \\ $
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name		002 Category/ Type	225.90 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Postmaster			Transaction ID: D11355 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 0 7
Mailing Address 90 Power Rd.			
City Pawtucket	State Zip Code RI 02860		Amount of Each Disbursement this Perio
Purpose of Disbursement Postage Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11348 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline		002	39.05 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[
UBTOTAL of Disbursements This Page (optional)	)	►	0.00
OTAL This Period (last page this line number only	/)	►	

CHEDULE B (FEC Form 3)	Use separate schedule(s)	NE NUMBER: PAGE 126 / 176 pnly one)
EMIZED DISBURSEMENTS	Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)		
Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Shell		Transaction ID: D11376 Date of Disbursement
Mailing Address 207 East Main Rd.		$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 1 & 0 \end{array} & \begin{array}{c} D & D \\ \hline 1 & 0 \end{array} & \begin{array}{c} D & D \\ \hline 2 & 0 & 0 \end{array} & \begin{array}{c} Y \\ \hline Y \\ \hline 2 & 0 & 0 \end{array} & \begin{array}{c} Y \\ \hline Y \\ Y \\$
City Middletown	StateZip CodeRI02842	Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name	002 Category/ Type	53.40         Refund or Disposal of Excess         Contributions Required Under         11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell		Transaction ID: D11365 Date of Disbursement
Mailing Address 7380 Post Rd.		
City North Kingstown	State Zip Code RI 02852	Amount of Each Disbursement this Perio 43.70
Purpose of Disbursement Gasoline Candidate Name	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	— [MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell		Transaction ID: D11327 Date of Disbursement
Mailing Address 207 East Main Rd.		$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 1 & 0 \end{array} & \begin{array}{c} D & D \\ \hline 1 & 0 \end{array} & \begin{array}{c} D & D \\ \hline 2 & 0 & 0 \end{array} & \begin{array}{c} Y \\ \hline Y \\ \hline 2 & 0 & 0 \end{array} & \begin{array}{c} Y \\ \hline Y \\ Y \\$
City Middletown	State Zip Code RI 02842	Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	002	39.90 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		0.00

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	vone) X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Stater r for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11387 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name	c	002 Category/ Type	21.45 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11351           Date of Disbursement           Model M           10           10
Mailing Address 2525 East Main Rd.			10 10 2007
City Portsmouth	StateZip CodeRI02871		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	Г	002	53.80 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11338 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 7 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ \left( Y \\ Y $
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Period
Purpose of Disbursement Gasoline	Г	002	21.80 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
<b>FOTAL</b> This Period (last page this line number only	)	►	
5AN018			FEC Schedule B (Form 3) (Revise

ITEMIZED DISBORSEMENTS       for each category of the Detailed Summary Page         Any Information copied from such Reports and Statements may not be sold or used by an or for commercial purposes, other than using the name and address of any political comm         NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       138 Connell Highway         City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       0         Gasoline       0         Office Sought:       House       Disbursement For:         President       Other (specify)       ▼         State:       District:       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Shell       0       0         Office Sought:       House       Disbursement For:       0         State:       District:       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Shell       0       0         Mailing Address       3319 Post Rd.       0       0       0         City       State       Zip Code       0       0         Warwick<	
r for commercial purposes, other than using the name and address of any political comm NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.  Full Name (Last, First, Middle Initial) Shell  Mailing Address 138 Connell Highway  City State Zip Code Newport RI 02840  Purpose of Disbursement Gasoline Candidate Name Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) Shell  Mailing Address 3319 Post Rd.  City State Zip Code Warwick RI 02886  Purpose of Disbursement Gasoline Candidate Name Office Sought: House Disbursement Gasoline Candidate Name Office Sought: Disbursement Gasoline Candidate Name City State Zip Code City City Code City City Code City City Code City	Transaction ID: D11357         Date of Disbursement         10       10       2007         Amount of Each Disbursement this Perio         41.45         02       Amount of Each Disbursement this Perio         10       10       110         10       10       110         10       10       110         10       10       110         10       10       110         10       10       110         10       10       110         10       10       110         10       10       10         10       10       10         10       10       10         10       10       10         10       10       10
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       138 Connell Highway         City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       Gasoline       0         Candidate Name       0       Cate         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         Other (specify)       ▼       State:       Zip Code         RI       02886       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Shell       0       Oate         Mailing Address       3319 Post Rd.       0       0       Oate         City       State       Zip Code       0       0       Cate         Warwick       RI       02886       0       0       Cate       Ty         Office Sought:       House       Disbursement For:       General       0       Cate       Ty         Office Sought:       House       Disbursemen	Date of Disbursement         10         11         10         11         12         13 <td< td=""></td<>
Shell         Mailing Address       138 Connell Highway         City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       Gasoline       0         Cardidate Name       Disbursement For:       0         Office Sought:       House       Disbursement For:       0         State:       District:       Primary       General         Full Name (Last, First, Middle Initial)       Shell       State       Zip Code         Mailing Address       3319 Post Rd.       0       Cate         City       State       Zip Code       0         Warwick       RI       02886       0         Purpose of Disbursement       Gasoline       0       0         Cardidate Name       Office Sought:       House       Disbursement For:       0         Office Sought:       House       Disbursement For:       0       0         Cardidate Name       Other (specify)        Full Name (Last, First, Middle Initial)         Shell       District:       Disbursement For:       Full Name (Last, First, Middle Initial)       Shell	Date of Disbursement         10         11         10         11         12         13 <td< td=""></td<>
City       State       Zip Code         Newport       RI       02840         Purpose of Disbursement       0         Gasoline       0         Candidate Name       0         Office Sought:       House         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       3319 Post Rd.         City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       0         Gasoline       0         Candidate Name       0         Office Sought:       House         Disbursement For:       General         Office Sought:       House         Disbursement For:       General         Office Sought:       House         President       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Shell       Other (specify)	10       10       2007         Amount of Each Disbursement this Perio         41.45         02       Affective for the second
Newport       RI       02840         Purpose of Disbursement       Gasoline       0         Candidate Name       0       Catter       0         Office Sought:       House       Disbursement For:       0         State:       District:       0       Other (specify)       ▼         State:       District:       0       Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Shell       02886       0         Mailing Address       3319 Post Rd.       0       0         City       State       Zip Code       0         Warwick       RI       02886       0         Purpose of Disbursement       Gasoline       0       0         Candidate Name       0       0       0       0         Office Sought:       House       Disbursement For:       0       0       0         Office Sought:       House       Disbursement For:       0       0       0       0         State:       District:       Disbursement For:       0       0       0       0       0         Full Name (Last, First, Middle Initial)       Shell       0       0       T       0       0 <td< td=""><td>D2       A1.45         D2       Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         [MEMO ITEM]         Transaction ID: D11333 Date of Disbursement         Model       10       Y       Y       Y       Y       Y       Y         10       10       Y       Y       Y       Y       Y       Y       Y</td></td<>	D2       A1.45         D2       Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         [MEMO ITEM]         Transaction ID: D11333 Date of Disbursement         Model       10       Y       Y       Y       Y       Y       Y         10       10       Y       Y       Y       Y       Y       Y       Y
Gasoline       0         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       3319 Post Rd.         City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       Gasoline       0         Candidate Name       Office Sought:       House         Office Sought:       House       Disbursement For:         Senate       President       Other (specify)         State:       Disbursement For:       General         Office Sought:       House       Disbursement For:         Senate       President       Other (specify)         State:       District:       President         State:       District:       State:         Full Name (Last, First, Middle Initial)       Shell	D2       Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         [MEMO ITEM]         Transaction ID: D11333 Date of Disbursement         Modeling         10       Y         10       Y         Y       Y
Office Sought:       House       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       3319 Post Rd.         City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       0         Gasoline       0         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         Senate       Primary         General       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Shell	[MEMO ITEM]         Transaction ID: D11333         Date of Disbursement         10       /         10       /         Y       Y
Shell         Mailing Address       3319 Post Rd.         City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       0         Gasoline       0         Candidate Name       0         Office Sought:       House         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Shell	Date of Disbursement $ \begin{array}{c}                                     $
City     State     Zip Code       Warwick     RI     02886       Purpose of Disbursement     0       Gasoline     0       Candidate Name     0       Office Sought:     House       President     Disbursement For:       Primary     General       President     Other (specify)       State:     District:	
Warwick     RI     02886       Purpose of Disbursement     0       Gasoline     0       Candidate Name     0       Office Sought:     House       Senate     Primary       President     Other (specify)       State:     District:	Amount of Each Disbursement this Perio
Gasoline     0       Candidate Name     Cate       Office Sought:     House       Senate     Primary       President     Other (specify)       State:     District:	41.05
Office Sought:       House       Disbursement For:         Senate       President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Shell	22 Refund or Disposal of Excess contributions Required Under
Shell	ре [МЕМО ІТЕМ]
Mailing Address 138 Connell Highway	Transaction ID: D11377 Date of Disbursement
a see too oonnon riighway	10 <sup>M</sup> / 10 <sup>V</sup> / 2007 <sup>V</sup>
CityStateZip CodeNewportRI02840	Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline 0	42.85 D2 Refund or Disposal of Excess
Candidate Name Cate	gory/ pe Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼	
SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	• 0.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	INE NUMBER: PAGE 129 / 176 only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and State r for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full)		
Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Shell		Transaction ID: D11383 Date of Disbursement
Mailing Address 3319 Post Rd.		$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ 2 \end{array} \\ \begin{array}{c} V \\ V \\ 2 \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V \\ V \\ V \\ V \\ V \end{array} \\ \begin{array}{c} V \\ V $
City Warwick	StateZip CodeRI02886	Amount of Each Disbursement this Perio
Purpose of Disbursement		13.50
Gasoline Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	[MEMO ITEM]
Full Name (Last, First, Middle Initial)		Transaction ID: D11353 Date of Disbursement
Mailing Address 3319 Post Rd.		$\begin{array}{c c} M & M \\ \hline 1 & M \\ \end{array} \begin{pmatrix} D & D \\ 1 & 0 \\ \end{array} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ \end{array} \begin{pmatrix} Y \\ Y \\ 2 & 0 & 0 \\ \end{array} \begin{pmatrix} Y \\ Y$
City Warwick	State Zip Code RI 02886	Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals	001	3.13 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell		Transaction ID: D11345 Date of Disbursement
Mailing Address 3319 Post Rd.		$\begin{array}{c c} & & \\ \hline 1 \\ 0 \\ \end{array} \\ \end{array} \\ \begin{pmatrix} D \\ 1 \\ 0 \\ \end{array} \\ \begin{pmatrix} D \\ 1 \\ 0 \\ \end{array} \\ \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \\ \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \\ \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \\ \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \\ \begin{pmatrix} Y \\ Y \\$
City Warwick	State Zip Code RI 02886	Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	002	29.95 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional	)	0.00
<b>FOTAL</b> This Period (last page this line number onl	y)	
5AN018		FEC Schedule B (Form 3) (Revised

EMIZED DISBURSEMENTS y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		(check on	X     17     18     19a     19b       20a     20b     20c     21
or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)		d by any nerson	
· · · · · · · · · · · · · · · · · · ·			
Thends of Father 5. Rennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11342 Date of Disbursement
Mailing Address 3319 Post Rd.			
City Warwick	StateZip CodeRI02886		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name		002 Category/ Type	41.30 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11340 Date of Disbursement 10 <sup>M</sup> / <sup>D</sup> 10 <sup>D</sup> / <sup>Y</sup> 2007 <sup>Y</sup>
Mailing Address 3319 Post Rd.			10 10 2007
City Warwick	StateZip CodeRI02886		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name		002 Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Southwest Airlines			Transaction ID: D11362 Date of Disbursement
Mailing Address P.O. Box 36611			
City Dallas	State Zip Code TX 75235		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	248.80 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		- [MEMO ITEM]
JBTOTAL of Disbursements This Page (optional	)	····· •	0.00
OTAL This Period (last page this line number only	y)	►	

De py Information copied from such Reports and Statements for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36611 City State Dallas TX Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursement Senate Print	e Zip Code 75235	by any person f	X     17     18     19a     19b       20a     20b     20c     21       for the purpose of soliciting contributions
for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36611 City State Dallas TX Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursement Senate Print	e Zip Code 75235	002 Category/	Transaction ID: D11361         Date of Disbursement         10       10       2007         Amount of Each Disbursement this Perio         248.80         Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Southwest Airlines         Mailing Address       P.O. Box 36611         City       State         Dallas       TX         Purpose of Disbursement       Tx         Travel       Candidate Name         Office Sought:       House       Disbursement         Print       Print	e Zip Code 75235 It For: mary General	002 Category/	Transaction ID: D11361         Date of Disbursement         10       10       Y 2007         Amount of Each Disbursement this Perio         248.80         Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Southwest Airlines         Mailing Address       P.O. Box 36611         City       State         Dallas       TX         Purpose of Disbursement       Travel         Candidate Name       Office Sought:       House         Office Sought:       House       Disbursement	75235	Category/	Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Perio 248.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Dallas TX Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursement Senate Prin	75235	Category/	10       10       2007         Amount of Each Disbursement this Perio         248.80         Refund or Disposal of Excess         Contributions Required Under         11 C.F.R. 400.53
Dallas     TX       Purpose of Disbursement     Travel       Candidate Name     Candidate Name       Office Sought:     House       Senate     Prime	75235	Category/	248.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Travel Candidate Name Office Sought: House Disbursement Senate Print	mary General	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate	mary General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
State: District:			
Full Name (Last, First, Middle Initial) Sunoco			Transaction ID: D11381 Date of Disbursement
Mailing Address 35 Cedar St.			$10^{\text{M}} \text{ / } 10^{\text{D}} \text{ / } 2007^{\text{Y}}$
City State Pawtucket RI	e Zip Code 02860		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline		002	Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	nt For: mary General ner (specify) ▼		[
Full Name (Last, First, Middle Initial) US Airways			Transaction ID: D11369 Date of Disbursement
Mailing Address Crystal Park 4 3345 Crystal Dr.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \begin{pmatrix} D \\ 1 \\ 0 \end{array} \begin{pmatrix} D \\ 1 \\ 0 \end{array} \begin{pmatrix} V \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{pmatrix} V \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \end{pmatrix}$
City State Arlington VA	e Zip Code 22227		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	356.40 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	t For: mary General ner (specify) ▼		[MEMO ITEM]
UBTOTAL of Disbursements This Page (optional)		►	0.00
OTAL This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)	Lico coparato achadula(a)	FOR LINE	NUMBER:	PAGE 132/176
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	vone) X 17 18 11	9a 🗌 19b
				0c 21
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Friends of Patrick J. Kennedy Inc.				
Full Name (Last, First, Middle Initial) Verio Web Hosting			Transaction ID: D113 Date of Disbursement	
Mailing Address 1800 Old Okeechobee R	d.		10 <sup>M</sup> /10 <sup>/</sup> /	<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
City West Palm Beach	State Zip Code FL 33409		Amount of Each Disbu	
Purpose of Disbursement	Г			149.85
Website Candidate Name		001 Category/ Type	Refund or Disposa Contributions Requ 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		[MEMO ITEM]	
Full Name (Last, First, Middle Initial)			Transaction ID: D113	330
Verio Web Hosting			Date of Disbursement	
Mailing Address 1800 Old Okeechobee R	d.		<b>1</b> 0 <sup>M</sup> / <b>1</b> 0 <sup>/</sup>	<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
West Palm Beach	State Zip Code FL 33409		Amount of Each Disbu	
Purpose of Disbursement Website	Γ	001	Refund or Disposa	99.95 of Excess
Candidate Name		Category/ Type	Contributions Requ 11 C.F.R. 400.53	ired Under
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Washington Metro			Transaction ID: D113 Date of Disbursement	341
Mailing Address 600 Fifth St. NW			10 <sup>M</sup> /10 <sup>/</sup> /	Ý 2007Y
City Washington	State Zip Code DC 20001		Amount of Each Disbu	
Purpose of Disbursement Travel	Γ	002	Refund or Disposa	31.00 of Excess
Candidate Name		Category/ Type	Contributions Requ 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]	
SUBTOTAL of Disbursements This Page (optional)		►		0.00
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5AN018		····· <b>F</b>	FEC Schedule B (	Eorm 2 ) (Dawler

Detailed Summary Page       X 17       18       19b       20       21         ry Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee       NAME OF COMMITTEE (In Full)       NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Friends of Patrick J. Kennedy Inc.       Transaction ID: D11392         Full Name (Last, First, Middle Initial)       Transaction ID: D11392       Date of Disbursement         Mailing Address       P.O. Box 1270       Mailing Address       P.O. Box 1270         City       State       Zip Code       Amount of Each Disbursement         Purpose of Disbursement       001       Category/       Transaction ID: D11618         Candidate Name       Disbursement For:       President       General       Other (specify) ▼         State:       District:       Primary       General       Other (specify) ▼       Amount of Each Disbursement this Perio         City       State:       Disbursement For:       Senate       Other (specify) ▼       Amount of Each Disbursement this Perio         Mailing Address       63 Chases Ln.       007       Category/       Amount of Each Disbursement this Perio         City       State       Disbursement For:       President       007       22 / 2 0 0 7	CHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 133 / 176 y one)
for committee (in Full)       Prinds of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initia)       Transaction ID: D11392         American Express       Transaction ID: D11392         Maling Address       P.O. Box 1270         City       State       Zip Code         Name (Last, First, Middle Initia)       Amount of Each Disbursement         Purpose of Disbursement       001         Candidate Name       Disbursement For:         President       Disbursement         Maling Address       63 Chases Ln.         City       State       Zip Code         Middletown       Refund or Disposal of Excess         City       State       Disbursement For:         Disbursement       001       State         Purpose of Disbursement       007         Reception-Equipment       007         Candidate Name       007         City       State       Zip Code         Middletown       Refund or Disposal of Excess         Candidate Name       007         Catagopti       President         Parention Disposal of Excess       Contributions Required Under         City       State       Zip Code         Middletown       Refund or Disposal of Exces				
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       P.O. Box 1270         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001       820.23         Credit Card - See Below if Itemized       001       820.23         Candidate Name       Disbursement For:       9         State:       District:       001       820.23         Chice Sought:       House       Disbursement For:       9         State:       District:       001       01         Full Name (Last, First, Middle Initial)       Other (specify) ▼       11 C.F.R. 400.53         Home Depot       Rei 02642       7       2 2 / 2 0 0 7         Mailing Address       63 Chases Ln.       007       2 2 / 2 0 0 7         City       State       007       Category/ Type       10 0'' 2 2 / 2 0 0 7         Office Sought:       House Senate       Disbursement For:       007       20 0 7         City       State       Disbursement For:       007       2 2 0 0 7         City       State       Disbursement For:       007       2 0 0 7				
Full Name (Last, First, Middle Initial)       Transaction ID: D11392         American Express       Date of Disbursement         Mailing Address       P.O. Box 1270         City       State       Zip Code         Nu       07101         Purpose of Disbursement       001         Coredit Card - See Below If Itemized       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         President       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Transaction ID: D11618         Home Depot       Transaction ID: D11618         Date of Disbursement       O2842         Purpose of Disbursement       002         City       State       Zip Code         Mailing Address       63 Chases Ln.         City       State       Zip Code         Middletown       R1       02842         Purpose of Disbursement       Contributions Required Under 112, First, Middle Initial)         American Express       Disbursement For:         District:       Disbursement For:         District:       Disbursement Recepity) ▼         Full	NAME OF COMMITTEE (In Full)			
American Express     Date of Disbursement       Mailing Address     P.O. Box 1270       City     State       Purpose of Disbursement     NJ       Credit Card - See Below if Itemized     O01       Candidate Name     O01       Office Sought:     House       Disbursement     Disbursement For:       Purpose of Disbursement     Other (specify)       Office Sought:     House       Disbursement     Other (specify)       City     State       Purpose of Disbursement     Other (specify)       Reception-Equipment     Other (specify)       Candidate Name     Disbursement For:       Purpose of Disbursement     Bate of Disbursement       Reception-Equipment     Other (specify)       Candidate Name     Disbursement For:       Purpose of Disbursement     District:       Full Name (Last, First, Middle Initia)       American Express     Disbursement For:       Purpose of Disbursement     Other (specify)       City     State     Disbursement F	Friends of Patrick J. Kennedy Inc.			
City       State       Zip Code         NJ       07101         Purpose of Disbursement       001         Credit Card - See Below II Itenized       001         Category       Category         Office Sought:       House         District:       Disbursement For:         President       Other (specify) ▼         State:       District:         President       Other (specify) ▼         Mildeldown       R1         Niddletown       R1         Office Sought:       House         Disbursement       Disbursement For:         City       State         Mildeldown       R1         Office Sought:       House         Disbursement       Disbursement For:         Cardidate Name       O07         Category/       State         Office Sought:       House         Disbursement       Disbursement For:         Candidate Name       Disbursement For:         District:       President         Other (specify) ▼       State         Full Name (Last, First, Middle Initia)         American Express       Mailing Address         Mailing Address       P.O. Box 1270				
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Credit Carl - See Below if Itemized       001         Candidate Name       001         Category/ Type       Contributions Required Under         Office Sought:       House         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)         Home Depot         Mailing Address       63 Chases Ln.         City       State         Purpose of Disbursement         Reception-Equipment       007         Candidate Name       007         City       State         Purpose of Disbursement       Reception-Equipment         Candidate Name       007         Cardidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         Office Sought:       House         President       Other (specify) ▼         State:       District:         Mailing Address       P.O. Box 1270         City       State       Zjp Code         Newark       NJ       07101         Purpose of Disbursement       General         Optical Seament       Category/ Type         Office Sought:       <				Amount of Each Disbursement this Perio
Candidate Name       Category' Type         Office Sought:       House President       Disbursement For: President       Contributions Required Under 11 C.F.R. 400.53         State:       District:       President       Transaction ID: D11618 Date of Disbursement         Mailing Address       63 Chases Ln.       Transaction ID: D11618 Date of Disbursement         City       State       Zip Code RI       O07 Category' Type         Office Sought:       House President       Disbursement For: President       007 Category' Type         Office Sought:       House President       Disbursement For: President       O07 Category' Type         Office Sought:       House President       Disbursement For: President       Disbursement For: President       Mailing Address         Full Name (Last, First, Middle Initial) American Express       Disbursement For: President       Disbursement for: President       Mailing Address         Mailing Address       P.O. Box 1270       Amount of Each Disbursement Office Sought:       Mailing Address       P.O. Box 1270         City       Senate       Disbursement For: President       O01 Category' Type       Amount of Each Disbursement this Perio Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For: President       O01 Category' Type       Amount of Each Disbursement this Perio Contributions Require				820.23
Office Sought:       House Senate President       Disbursement For: Primary Other (specify) ▼       11 C.F.R. 400.53 <sup>°</sup>				
Senate       President         State:       District:         Full Name (Last, First, Middle Initial)       Transaction ID: D11618         Home Depot       Date of Disbursement         Mailing Address       63 Chases Ln.         City       State       Zip Code         Middletown       Rl       02842         Purpose of Disbursement       007         Cardidate Name       007         Office Sought:       House         District:       Disbursement For:         President       Other (specify) ▼         State:       District:         President       Other (specify) ▼         American Express       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         American Express       District:         Mailing Address       P.O. Box 1270         City       State       Zip Code         NJ       07101         Purpose of Disbursement       Other (specify) ▼         Cardidate Name       001         Cardidate Name       001         Category/       Transaction ID: D11428         Disbursement       Office Sought:         Purpose of Disbursement       NJ	Candidate Name			
Full Name (Last, First, Middle Initial)       Transaction ID: D11618         Home Depot       Date of Disbursement         Mailing Address       63 Chases Ln.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       007         Reception-Equipment       007         Candidate Name       007         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       American Express         Mailing Address       P.O. Box 1270         City       State       Zip Code         Mailing Address       P.O. Box 1270         City       State       Zip Code         Nulling Address       P.O. Box 1270         City       State       Zip Code         Nulling Address       P.O. Box 1270         City       State       Disbursement For:         Uropse of Disbursement       O01         Cardidate Name       O101         Cher See Below if Itemized       O01         Candidate Name       Disbursement For:	Senate	Primary General		
Home Depot       Date of Disbursement         Mailing Address       63 Chases Ln.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       007         Cardidate Name       007         Cardidate Name       007         Office Sought:       House         President       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       P.O. Box 1270         City       State         City or of Disbursement For:       On the specify)         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       P.O. Box 1270         City       State       Zip Code         NJ       07101         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:         Candidate Name       O01         Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:         Senate       Disbursement For:       Category/ Type         Of	State: District:			
City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       007         Reception-Equipment       007         Category/       Type         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       P.O. Box 1270         City       State         Newark       NJ         Orfice Sought:       House         Candidate Name       Disbursement For:         Orfice Sought:       House         Office Sought:       Disbursement For:         Senate       Primary         Office Sought:       Disbursement For:         Senate       Primary         Office Sought:       Disbursement For:         Senate       Other (specify)				Date of Disbursement
Middletown       RI       02842         Purpose of Disbursement       007         Reception-Equipment       007         Candidate Name       007         Office Sought:       House         Senate       President         Other (specify)       Image: Contributions Required Under 11 C.F.R. 400.53         IMEMO ITEM]       Image: Contributions Required Under 11 C.F.R. 400.53         Image: Contributions Required Under 11 C.F.R. 400.53       Image: Contributions Required Under 11 C.F.R. 400.53         Image: Contributions Required Under 11 C.F.R. 400.53       Image: Contributions Required Under 11 C.F.R. 400.53         Full Name (Last, First, Middle Initial)       American Express         Mailing Address       P.O. Box 1270         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       Contributions Required Under 11 C.F.R. 400.53         Category/       Type         Office Sought:       House         Disbursement For:       Senate         Office Sought:       Disbursement For:         Senate       Disbursement For:         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)	Mailing Address 63 Chases Ln.			$10^{M} / 22^{D} / 2007^{Y}$
Purpose of Disbursement       007         Reception-Equipment       007         Candidate Name       007         Office Sought:       House         Senate       President         President       Other (specify)         State:       Disbursement For:         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       P.O. Box 1270         City       State         Newark       NJ         Purpose of Disbursement         Credit Card - See Below if Itemized         Candidate Name         Office Sought:       House         Disbursement         Credit Card - See Below if Itemized         Candidate Name         Office Sought:       Disbursement For:         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         State:       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:				Amount of Each Disbursement this Perio
Office Sought:       House       Disbursement For:       I1 C.F.R. 400.53         Office Sought:       President       Disbursement For:       Image: Construct of the specify of the specific the specif	•		007	Refund or Disposal of Excess
Office Sought:       House       Disbursement For:       [MEMO ITEM]         State:       District:       Other (specify) ▼       Image: Control of Cont	Candidate Name			11 C.F.R. 400.53
Full Name (Last, First, Middle Initial)       Transaction ID: D11428         American Express       Date of Disbursement         Mailing Address       P.O. Box 1270         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See Below if Itemized       001         Candidate Name       Disbursement For:         Office Sought:       House         President       Other (specify)         State:       District:	Senate President	Primary General		[MEMO ITEM]
American Express       Date of Disbursement         Mailing Address       P.O. Box 1270         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See Below if Itemized       001         Candidate Name       001         Office Sought:       House         President       Other (specify)         State:       Distursement For:         President       Other (specify)				
City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See Below if Itemized       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:				-
Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See Below if Itemized       001         Candidate Name       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Mailing Address P.O. Box 1270			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} 1 \\ \end{array} 1 \\ \end{array} 1 \\ \end{array} 1 \\ \begin{array}{c} D \\ 1 \end{array} 1 \\ \end{array} 1 \\ \end{array} 1 \\ \begin{array}{c} D \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ \end{array} \\ \begin{array}{c} Y \\ Y $
Credit Card - See Below if Itemized       001         Candidate Name       001         Candidate Name       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:				
Candidate Name       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼			001	
Senate     Primary     General       President     Other (specify)     ▼	Candidate Name		Category/	Contributions Required Under
	Senate President	Primary General		
SUBTOTAL of Disbursements This Page (optional)	State: District:			
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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N (check only	one)
	Detailed Summary Page	X	20a 20b 20c 21
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) American Airlines			Transaction ID: D11647 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} I \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ 2 \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 2 \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
City Fort Worth	State Zip Code TX 76155		Amount of Each Disbursement this Peric
Purpose of Disbursement			216.80
Travel Candidate Name	Са	002 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			
American Airlines			Transaction ID: D11666 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd.			$\begin{array}{c} \stackrel{\text{M}}{11} \stackrel{\text{M}}{11}$
City Fort Worth	State Zip Code TX 76155		Amount of Each Disbursement this Peric
Purpose of Disbursement Travel		002	237.40
Candidate Name	Ca	ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) American Airlines			Transaction ID: D11667 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 2 \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 7 \end{array} \begin{array}{c} 7 \\ 2 \end{array} \begin{array}{c} 2 \\ 0 \end{array} \begin{array}{c} 0 \\ 7 \end{array} \begin{array}{c} 7 \end{array} \begin{array}{c} 7 \\ 7 \end{array} $
City Fort Worth	State Zip Code TX 76155		Amount of Each Disbursement this Peric
Purpose of Disbursement			237.40
Travel Candidate Name	Ca	002 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
TOTAL This Period (last page this line number only		►	
E5AN018			FEC Schedule B (Form 3) (Revised

CHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	ic and address of any political CO		
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Amtrak			Transaction ID: D11663 Date of Disbursement
Mailing Address 110 N. Carolina Ave. SE	1		$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \right) \left( \begin{array}{c} D & D \\ 1 & 2 \end{array} \right) \left( \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{$
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement			211.00
Travel Candidate Name	C	002 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			Transaction ID: D11662
Amtrak			Date of Disbursement
Mailing Address 110 N. Carolina Ave. SE			
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	376.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11668 Date of Disbursement
Mailing Address 201 Massachusetts Ave	. NE		$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \right) \left( \begin{array}{c} D & D \\ 1 & 2 \end{array} \right) \left( \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{array} \right)$
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Period
Purpose of Disbursement Travel		002	60.00 Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		🕨	0.00
<b>FOTAL</b> This Period (last page this line number only	)	►	
5AN018	,	····· F	FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form	Use separate schedule(s	) FOR LINE (check only	NUMBER: PAGE 136 / 176
TEMIZED DISBURSEME	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
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NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy I	nc.		
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11674 Date of Disbursement
Mailing Address 201 Massach	usetts Ave. NE		$\begin{array}{c c} M & M \\ 1 & 1 \end{array} \begin{array}{c} D & D \\ 1 & 2 \end{array} \begin{array}{c} P & V \\ 2 & 0 & 0 \end{array} \begin{array}{c} V \\ V \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \end{array} \begin{array}{c} V \\ V \end{array}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name		002 Category/ Type	60.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11637 Date of Disbursement M M / D D / Y Y Y Y 1 1
Mailing Address 135 JT Conne			
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals Candidate Name		001 Category/	2.70 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11659 Date of Disbursement
Mailing Address 135 JT Conne	ell Highway		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} V \\ 1 \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ 1 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals		001	2.70 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify)		[MEMO ITEM]
	ge (optional)	····· <b>Þ</b>	0.00
TOTAL This Period (last page this line	number only)		
E5AN018			FEC Schedule B (Form 3) (Revise

<b>FEMIZED DISBURSEMENTS</b>	Use separate schedule(s) (check o	IE NUMBER: PAGE 137 / 176 nly one)
	Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and State r for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Citgo/7-Eleven		Transaction ID: D11653 Date of Disbursement
Mailing Address 135 JT Connell Highwa	/	$\begin{array}{c c} \begin{array}{c} M & M \\ 1 & 1 \end{array} & \left( \begin{array}{c} D & D \\ 1 & 2 \end{array} \right) & \left( \begin{array}{c} Y & Y & Y \\ Y & 2 & 0 & 0 \\ 7 \end{array} \right) \end{array}$
City Newport	State Zip Code RI 02840	Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals Candidate Name	001 Category/ Type	3.34 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	– [MEMO ITEM]
Full Name (Last, First, Middle Initial) Citgo/7-Eleven		Transaction ID: D11651 Date of Disbursement
Mailing Address 135 JT Connell Highwa	/	$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} P \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} $ \\ \end{array}  \\ \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \end{array}  \\ \\ \end{array}  \\ \end{array}  \\ \\ \end{array}  \\ \end{array}  \\ \\ \\ \end{array}  \\ \\ \end{array}  \\ \\ \\ \end{array}  \\ \\ \\ \end{array}  \\ \\ \end{array}  \\ \\ \\ \\
City Newport	StateZip CodeRI02840	Amount of Each Disbursement this Peric
Purpose of Disbursement Newspapers-Periodicals	001	3.34 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	– [MEMO ITEM]
Full Name (Last, First, Middle Initial) Citgo/7-Eleven		Transaction ID: D11673 Date of Disbursement
Mailing Address 135 JT Connell Highwa	/	$\begin{array}{c c} \begin{array}{c} M & M \\ 1 & 1 \end{array} & \begin{array}{c} I \\ 1 & 2 \end{array} & \begin{array}{c} P \\ 1 & 2 \end{array} & \begin{array}{c} P \\ 2 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ \begin{array}{c} Y \\ Y $
City Newport	State Zip Code RI 02840	Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals	001	1.45 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	– [MEMO ITEM]
		0.00
SUBTOTAL of Disbursements This Page (optional	·	

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)		NUMBER: PAGE 138 / 176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11631 Date of Disbursement
Mailing Address 135 JT Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 2 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 2 \end{array} \\ 2 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 2 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7$
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers/Periodicals Candidate Name	[	001 Category/ Type	2.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Citgo/7-Eleven			Transaction ID: D11632 Date of Disbursement
Mailing Address 135 JT Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 1 \end{array} \\ 2 \\ 2$
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers/Periodicals	[	001	6.38 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Citgo			Transaction ID: D11649 Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 1 \end{array} \\ 2 \end{array} \\ 2 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \\ 2 \\ 0 \\ 0 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7 \\ 7$
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	ſ	001	40.15 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
UBTOTAL of Disbursements This Page (optional)		►	0.00
<b>TOTAL</b> This Period (last page this line number only)		►	
5AN018			FEC Schedule B (Form 3) (Revise

Use separate schedule(s)	TEMIZED DISSURSEMENTS       Use separate schedules) for each category of the Detailed Summary Page       (check only one) X 10 a       (check one) X 10 a       (check only one) X 10 a       (check one) X 10 a	139 / 176
Image: State in the state	Implementation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such comm         NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Citigo         Mailing Address       726 Aquidneck Ave.         City       State         Middletown       R1         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       House         Disbursement       001         Name (Last, First, Middle Initial)       City         Office Sought:       House         Disbursement       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         Mailing Address       726 Aquidneck Ave.         City       Senate         Purpose of Disbursement       Other (specify) ▼         Annount of Each Disbursement       In 1 * 1 * 1 * 1 * 2 * 2 *         Office Sought:       House         Disbursement       Other (specify) ▼         Mailing Address       726 Aquidneck Ave.         City       Senate <th></th>	
ny Information capiel from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions from such committee to solicit contributions from such committee is solicit contributions from such contributio	any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes of Solutions from such commercial purposes of Solutions from such commercial purposes of Disbursement Newspapers-Periodicals Candidate Name District: Full Name (Last, First, Middle Initial) Citigo Office Sought: House Sonate President State: District: Full Name (Last, First, Middle Initial) Citigo Mailing Address 726 Aquidneck Ave. City Amount of Each Disbursement Newspapers-Periodicals Candidate Name District: Full Name (Last, First, Middle Initial) Citigo Mailing Address 726 Aquidneck Ave. City Prepose of Disbursement Newspapers-Periodicals Candidate Name District: Full Name (Last, First, Middle Initial) Citigo Mailing Address 726 Aquidneck Ave. City City Sonate President State District: Full Name (Last, First, Middle Initial) Citigo Mailing Address 726 Aquidneck Ave. City City Sonate President State District: Full Name (Last, First, Middle Initial) Citigo Mail	
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         City         Mailing Address       726 Aquidneck Ave.         City       State         Purpose of Disbursement         Mailing Address       726 Aquidneck Ave.         City       State         City       State         City       State         City       Disbursement For:         Propose of Disbursement For:       President         Propositiont       Disbursement For:         President       Disbursement For:         President       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)       City         City       State         City       State         Disbursement For:       President         Office Sought:       House         Purpose of Disbursement       O2842         Purpose of Disbursement       O1         City       State:       Disbursement For:         Disbursement For:       Disbursement For:         Disbursement For:       Disbursement For:         Disbursement For:       Disbursement For:         President       Disburs	Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial) City       Transaction ID: D11643 Date of Disbursement         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       Disbursement For:         President       Disbursement For:         President       Other (specify)         State:       District:         President       Other (specify)         Mailing Address       726 Aquidneck Ave.         City       State         Mailing Address       726 Aquidneck Ave.         City       State         Mailing Address       726 Aquidneck Ave.         City       State         Purpose of Disbursement       Other (specify)         Purpose of Disbursement       Other (specify)         Refund or Disposal of Exce       Code         City       State       Disbursement For:         President       Other (specify)          Office Sought:       House       Disbursement For:         Office Sought:       House <t< td=""><td>utions</td></t<>	utions
Full Name (Last, First, Middle Initial)       Transaction ID: D11643         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       R1       02842         Purpose of Disbursement       001       Belogady         Newspopers-Periodicals       001       Belogady         Cardidate Name       Disbursement For:       Belogady         City       State       Zip Code         Office Sought:       House       Disbursement For:         District:       Disbursement For:       Middle Initial)         City       State       Zip Code         Middletown       R1       Zip Code         Office Sought:       House       Disbursement For:         Catigogryf       Transaction ID: D11642       State:         Office Sought:       House       Disbursement For:         President       Other (specify) ▼ </td <td>Full Name (Last, First, Middle Initial)       Transaction ID: D11643         Citgo       Date of Disbursement         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement         Newspapers-Periodicals       Other (specify)       Refund or Disposal of Exce         Candidate Name       Disbursement For:       Other (specify)       Refund or Disposal of Exce         State:       District:       President       Other (specify)       Transaction ID: D11642         State:       Disbursement       Nound of Each Disbursement       Mailing Address       726 Aquidneck Ave.         City       State       Zip Code       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Mailing Address       726 Aquidneck Ave.         City       State       Disbursement For:       President       City       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Other (specify)        Refund or Disposal of Exce         City       Senate       Disbursement For:       Other (specify)        Amount of Each Disbursement         Mailing</td> <td></td>	Full Name (Last, First, Middle Initial)       Transaction ID: D11643         Citgo       Date of Disbursement         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement         Newspapers-Periodicals       Other (specify)       Refund or Disposal of Exce         Candidate Name       Disbursement For:       Other (specify)       Refund or Disposal of Exce         State:       District:       President       Other (specify)       Transaction ID: D11642         State:       Disbursement       Nound of Each Disbursement       Mailing Address       726 Aquidneck Ave.         City       State       Zip Code       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Mailing Address       726 Aquidneck Ave.         City       State       Disbursement For:       President       City       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Other (specify)        Refund or Disposal of Exce         City       Senate       Disbursement For:       Other (specify)        Amount of Each Disbursement         Mailing	
Citgo       Date of Disbursement         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       001         Resnappers-Periodicals       001         Candidate Name       Disbursement For:         President       Disbursement For:         Full Name (Last, First, Middle Initial)       Citigo         Citigo       Transaction Ib: D11642         Date of Disbursement       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         Citigo       Transaction Ib: D11642         Date of Disbursement       Disbursement For:         Purpose of Disbursement       Refund or Disposal of Excose         Candidate Name       O01         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       Ri       02842         Purpose of Disbursement       Disbursement For:         President       Disbursement For:         President       Disbursement For:         Purpose of Disbursement       Rift of Disbursement         City       State       Zip Code         Middleto	Citgo       Date of Disbursement         Mailing Address       726 Aquidneck Ave.         City       State       Zip Code         Middletown       Ri       02842         Purpose of Disbursement       Mouse       Disbursement For:         Office Sought:       House       Disbursement For:       Contributions Required Und 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       General       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Citgo       Transaction ID: D11642       Date of Disbursement         Mailing Address       726 Aquidneck Ave.       001       Category/ Type       Y 2 1         Mailing Address       726 Aquidneck Ave.       001       Category/ Type       Y 2 1         Office Sought:       House       Disbursement For:       001       Category/ Type       Method TEMJ         Office Sought:       House       Disbursement For:       001       Category/ Type       Transaction ID: D11642         Office Sought:       House       Disbursement For:       001       Category/ Type       Y 2 1         Office Sought:       House       Disbursement For:       011 C.F.R. 400.33       IMEMO ITEMJ         City       State       Zip Code       Maunut	
Mailing Address       726 Aquidneck Ave.       11       12       2007         Cly       State       Zip Code       Amount of Each Disbursement this Per         Middletown       RI       02842       Perupose of Disbursement this Per         Candidate Name       Disbursement For:       Office Sought:       House       Disbursement For:         Office Sought:       Benate       President       Other (specify)       Image: Contributions Required Under         State:       Disbursement       President       Other (specify)       Image: Contributions Required Under         Cly       State:       Disbursement For:       Image: Contributions Required Under       Image: Contributions Required Under         Full Name (Last, First, Middle Initial)       City       State       Zip Code       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Office Sought:       Image: Contributions Required Under       3.34         Retund or Disposal of Excess       Contributions Required Under       11       Image: Contributions Required Under         Office Sought:       House       Disbursement For:       Contributions Required Under         President       Distursement For:       State       Zip Code         Middleform       Rid       02842       Amount of Eac	Mailing Address       726 Aquidneck Ave.       11       12       21         City       State       Zip Code       Amount of Each Disbursement         Mewspapers-Periodicals       001       Category'       Type         Condicate Name       001       Category'       Refund or Disposal of Exce         Condicate Name       Disbursement For:       General       Office Sought:       House         State:       District:       Other (specify)       Transaction ID: D11642         City       State       Zip Code       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Image: State       Zip Code         Middletown       RI       02842       Other (specify)       Amount of Each Disbursement         Purpose of Disbursement       Newspapers-Periodicals       Continuous Required Und 11 C.F.R. 400.53       Image: State       Image: State       Image: State       Mailing Address       726 Aquidneck Ave.         City       State       Disbursement For:       Other (specify)        Transaction ID: D11640         City       House       Disbursement For:       Other (specify)        Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Other (specify)        Transac	
Middletown       RI       02842       8.59         Purpose of Disbursement       001       Category/ Type       Refund or Disposal of Excess Candidate Name       001         Office Sought:       House       Disbursement For:       Office Sought:       IC.F.R. 400.53         Office Sought:       House       Disbursement For:       Office Sought:       IC.F.R. 400.53         Visite:       District:       Other (specify)       Image: Category/ Type       Image: Category/ Type         Mailing Address       726 Aquidneck Ave.       Image: Category/ Type       Image: Category/ Type       Image: Category/ Type       Image: Category/ Type         Office Sought:       House       Disbursement For:       Office Sought:       Amount of Each Disbursement his Per Middletown         Office Sought:       House       Disbursement For:       Office Sought:       Amount of Each Disbursement his Per Middletown         Office Sought:       House       Disbursement For:       Office Sought:       Image: Category/ Type       Image: Category/ Type         Office Sought:       House       Disbursement For:       Office Sought:       Newspapers-Periodcals       Category/ Type       Image: Category/ Type       Image: Category/ Type       Image: Category/ Type       Image: Category/ Type       Image: Category/ Type       Image: Category/ Type	Middletown       RI       02842         Purpose of Disbursement       001         Category/       Category/         Office Sought:       House         Senate       President         Other (specify)       Image: Category/         Full Name (Last, First, Middle Initial)       Other (specify)         City       State:         Middletown       RI         Purpose of Disbursement       Octation ID: D11642         Disbursement       Octation ID: D11642         City       State         Middletown       RI         Purpose of Disbursement       Octation ID: D11642         Purpose of Disbursement       Octation ID: D11642         Purpose of Disbursement       Octation ID: D11642         Purpose of Disbursement       Disbursement For:         Purpose of Disbursement       Other (specify)         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Office Sought:       House       Disbursement For:         Other (specify)       Transaction ID: D11640         Date of Disbursement       Middlelown         Mailing Address       726 Aquidneck Ave.         City <t< td=""><td>0 0 7 <sup>°</sup></td></t<>	0 0 7 <sup>°</sup>
Index or Disposed of Disposed of Excess Candidate Name       001 Category/ Type       Refund or Disposed of Excess Contributions Required Under 11 C.F.R. 400.33         Office Sought:       House Senate       Disbursement For: President       Office Sought:       President         State:       District:       Transaction ID: D11642         City       State       Zip Code         Middletown       R1       02842         Purpose of Disbursement       001 Category/ Type         Office Sought:       House President       Disbursement For: Disbursement         Office Sought:       Disbursement For: President       001 Category/ Type         Office Sought:       Disbursement For: President       Disbursement For: Disbursement For: President         State:       Disbursement President       Disbursement For: Disbursement       General Other (specify) ▼         Mailing Address       726 Aquidneck Ave.       Image: Advise for the for: Disbursement       Transaction ID: D11640 Date of Disbursement         Mailing Address       726 Aquidneck Ave.       001 Category/ Type       Transaction ID: D11640 Date of Disbursement this Per President         Office Sought:       House Senate       Disbursement For: Disbursement For: Disbu	Newspapers-Periodicals       001       Refund or Disposal of Exce.         Candidate Name       01       Category/ Type       Continutions Required Und 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Primary       General Other (specify) ▼       If C.F.R. 400.53         Full Name (Last, First, Middle Initial) Citgo       Transaction ID: D11642 Date of Disbursement       Transaction ID: D11642 Date of Disbursement         Mailing Address       726 Aquidneck Ave.       001 Category/ Type       Amount of Each Disbursement         Office Sought:       House President       Disbursement For: Primary       001 General       Amount of Each Disbursement         Office Sought:       House President       Disbursement For: Primary       General       001 Category/ Type       Transaction ID: D11642 Date of Disbursement         Office Sought:       House President       Disbursement For: Primary       01 Category/ Type       Amount of Each Disbursement         Mailing Address       726 Aquidneck Ave.       Transaction ID: D11640 Date of Disbursement       Transaction ID: D11640 Date of Disbursement         City       State       Disbursement       001 Category/ Type       Refund or Disposal of Exce Contributions Required Und T1 C.F.R. 400.53         Office Sought:       House       Disbursement For: Primary       General       001 Category/ Type       Mit	
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City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       001         Newspapers-Periodicals       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       Disbursements This Page (optional)	City     State     Zip Code       Middletown     RI     02842       Purpose of Disbursement     001       Newspapers-Periodicals     001       Candidate Name     001       Office Sought:     House       Disbursement For:     Senate       Primary     General	
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Office Sought:       House       Disbursement For:       General         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       0.00	Senate Primary General	ler
	SUBTOTAL of Disbursements This Page (optional)	0.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Citgo			<b>Transaction ID:</b> D11635 Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \right) \left( \begin{array}{c} D & D \\ 1 & 2 \end{array} \right) \left( \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) $
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals Candidate Name	[	001 Category/ Type	3.34 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Courtyard Marriott			Transaction ID: D11681 Date of Disbursement 11 $1$ $2$ $2$ $0$ $0$ $7$ $2$ $0$ $0$ $7$
Mailing Address 275 Tremont St.			
City Boston	State Zip Code MA 02116		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel credit	[	002	-28.09 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V		
Full Name (Last, First, Middle Initial) Cumberland Farms			Transaction ID: D11626 Date of Disbursement
Mailing Address 1812 E Main Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
City Portsmouth	State Zip Code RI 02871		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers/Periodicals		001	3.13
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
TOTAL This Period (last page this line number only	()	►	
5AN018			FEC Schedule B ( Form 3 ) (Revise

TEMIZED DISBURSEMENTS       for each category of the Detailed Summary Page       (bitlet unity diag)       18       19a       19b	SCHEDULE B (FEC Form 3 )	Use separate schedule(s)		NUMBER: PAGE 141 / 176
r 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)  Full Name (Last, First, Middle Initial) Gregg's Restaurant Mailing Address 1303 N, Main St. City Purpose of Disbursement Meeting opense Candidate Name Disbur		for each category of the Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21
Friends of Patrick J. Kennedy Inc.         Full Name (Last. First. Middle Initial)         Gregg's Restaurant         Mailing Address       1303 N. Main St.         City       State       Zip Code         Providence       RI       02904         Purpose of Disbursement       001         Cardidate Name       Other (specify)       Amount of Each Disbursement the F         Cardidate Name       Disbursement For:       Senate         Office Sought:       House       Disbursement For:         State:       District:       Other (specify)         Full Name (Last, First, Middle Initial)       Transaction ID: D11658         Legal Seafoods       Transaction ID: D11658         Candidate Name       Other (specify)       Transaction ID: D11658         Legal Seafoods       Category'       Tit         Mailing Address       2099 Post Rd.       Transaction ID: D11658         City       State       Disbursement For:       Other (specify)         Purpose of Disbursement       Primary       General       Other (specify)         Office Sought:       House       Disbursement For:       Other (specify)         City       State:       Disbursement For:       Other (specify)         Purpose of Di				
Gregg's Restaurant       Mailing Address       1303 N. Main St.         Mailing Address       1303 N. Main St.         City       State       Zip Code         Providence       Ri       02904         Purpose of Diabursement       001       Category/ Category/       Amount of Each Disbursement this F         Meeting expense       001       Category/ Category/       State       Disbursement         Office Sought:       House       Disbursement For:       Other (specify) ▼       Image: Category/ Type       Meeting expense         City       State       Disbursement For:       Other (specify) ▼       Transaction ID: D11653         Date of Disbursement       Disbursement For:       Ype       Y 2 0 0 7         City       State       Zip Code       Amount of Each Disbursement files         Mailing Address       2099 Post Rd.       Amount of Each Disbursement files       Transaction ID: D11653         Category/       Type       Meeting expense       Oother (specify) ▼       Amount of Each Disbursement files         City       State       Disbursement For:       State       Oother (specify) ▼       Amount of Each Disbursement files         Mailing Address       32 Exchange Terrace       Oother (specify) ▼       Amount of Each Disbursement files				
City       State       Zip Code         Providence       RI       02904         Purpose of Disbursement       001         Meeting expense       001         Cardidate Name       01         Office Sought:       House         Senate       Disbursement For:         President       Disbursement For:         President       Disbursement For:         President       District:         Full Name (Last, First, Middle Initial)       Legal Seafoods         Mailing Address       2099 Post Rd.         City       State         Quertee Awme       01         Category:       Transaction ID: D11658         Date of Disbursement       Disbursement for:         Candidate Name       001         Category:       Transaction ID: D11658         Category:       Tassection ID: D11658         Candidate Name       O11         Category:       Tassection ID: D11655         Candidate Name       O11         Category:       Transaction ID: D11651         Candidate Name       O11         Full Name (Last, First, Middle Initial)       Transaction ID: D11661         Mailing Address       32 Exchange Terrace				Date of Disbursement
Providence       RI       02904         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         Office Sought:       District:       Disbursement For:         Full Name (Last, First, Middle Initial)       Legal Seafoods         Mailing Address       2099 Post Rd.         City       State         President       Other (specify)         Office Sought:       House         State:       Disbursement         Mailing Address       2099 Post Rd.         City       State         Warwick       RI         President       Disbursement For:         State:       Disbursement For:         President       Disbursement For:         State:       Disbursement For:         President       Other (specify)         State:       Disbursement         Marriott       Tansaction ID: D11661         Mailing Address       32 Exchange Terrace         City       State       Zip Code         Providence       RI       02903         Purpose of Disbursement       Octic         Meeting expe	Mailing Address 1303 N. Main St.			
Dot provide of Disbursement For:       001         Cardidate Name       Disbursement For:         Office Sought:       House         State:       District:         Full Name (Last, First, Middle Initial)       Legal Seafoods         Mailing Address       2099 Post Rd.         City       State         Warwick       R1         Purpose of Disbursement       001         Category/       Y 2 0 0 7         City       State         Warwick       R1         Office Sought:       House         Disbursement       001         Category/       Transaction ID: D11658         Purpose of Disbursement       01         Meting expense       001         Candidate Name       001         Office Sought:       House         President       Disbursement For:         Office Sought:       House         Disbursement       01         Mailing Address       32 Exchange Terrace         City       State         Providence       R1         Providence       R1         Office Sought:       House         Office Sought:       Disbursement For:         Office				Amount of Each Disbursement this Perio
Office Sought:       House       Disbursement For:       General         State:       District:       Other (specify)       Image: Control of	Meeting expense		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Legal Seafoods       Date of Disbursement         Mailing Address       2099 Post Rd.         City       State       Zip Code         Warwick       Ri       02886         Purpose of Disbursement       001         Meeting expense       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Primary         General       Other (specify)         Value       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)       Transaction ID: D11661         Marriott       Transaction ID: D11661         Mailing Address       32 Exchange Terrace         City       State       Zip Code         Providence       Ri       02903         Purpose of Disbursement       General       O01         Cardidate Name       O01       Category/ Type         Office Sought:       House       Disbursement For:         Office Sought:       House <t< td=""><td>Senate President</td><td>Primary General</td><td></td><td></td></t<>	Senate President	Primary General		
City       State       Zip Code         Warwick       RI       02886         Purpose of Disbursement       001         Meeting expense       001         Category/       Transaction ID: D11661         Contributions Required Under       11 C.F.R. 400.53         Office Sought:       President         Other (specify)       Image: Contributions Required Under         State:       District:         Full Name (Last, First, Middle Initia)       Transaction ID: D11661         Marriott       Date of Disbursement         Mailing Address       32 Exchange Terrace         City       State       Zip Code         Purpose of Disbursement       O01         Meeting expense       O01         Category/       Type         Office Sought:       House         Disbursement       O01         Category/       Y         City       Senate         Providence       RI         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       House         Disbursement For:       Other (specify)         Office Sought:       Disbursement For:         Office S				Date of Disbursement
Warwick       RI       02886         Purpose of Disbursement       001         Meeting expense       001         Candidate Name       001         Office Sought:       House         Senate       President         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Marriott         Mailing Address       32 Exchange Terrace         City       State         Providence       RI         Outing expense       001         Candidate Name       001         Disbursement       11 2 / 2 0 0 7         Mailing Address       32 Exchange Terrace         City       State         Providence       RI         Oother (specify)          Office Sought:       House         Office Sought:       Disbursement For:         Other (specify)          State:       District:         Suberottal of Dis	Mailing Address 2099 Post Rd.			
Meeting expense       001         Candidate Name       001         Candidate Name       001         Candidate Name       001         Office Sought:       House         Senate       President         President       Other (specify) ▼         State:       District:         Full Name (Last, First, Middle Initial)         Mailing Address       32 Exchange Terrace         City       State         Purpose of Disbursement         Meeting expense         Candidate Name         Office Sought:         House         State         Zip Code         Providence         Refund or Disposal of Excess         Contributions Required Under         11 M         Mailing Address         32 Exchange Terrace         City         Purpose of Disbursement         Meeting expense         Candidate Name         Office Sought:         House         Disbursement For:         Senate         President         Other (specify) ▼         State:       Disbursement For:         Other (specify) ▼				Amount of Each Disbursement this Perio
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Marriott       Date of Disbursement         Mailing Address       32 Exchange Terrace         City       State       Zip Code         Providence       RI       02903         Purpose of Disbursement       001         Meeting expense       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Senate President	Primary General		
City       State       Zip Code         Providence       RI       02903         Purpose of Disbursement       001         Meeting expense       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Primary         Office Sought:       Disbursement For:         President       Other (specify)         State:       District:				Date of Disbursement
Providence       RI       02903         Purpose of Disbursement       001         Meeting expense       001         Candidate Name       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:         Subtrott AL of Disbursements This Page (optional)       001	Mailing Address 32 Exchange Terrace			111 $12$ $12$ $2007$
Meeting expense       001         Candidate Name       001         Office Sought:       House         Disbursement For:       Disbursement For:         President       Other (specify)         State:       District:         Subtrottal of Disbursements This Page (optional)       001				Amount of Each Disbursement this Perio
Candidate Name       Category/ Type       Contributions Required Under 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       Image: Contributions Required Under 11 C.F.R. 400.53         State:       District:       Other (specify)       Image: Contributions Required Under 11 C.F.R. 400.53         SubtrotAL of Disbursements This Page (optional)       Other (specify)       Image: Contributions Required Under 11 C.F.R. 400.53			001	38.29 Refund or Disposal of Excess
Office Sought:       House       Disbursement For:       General         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       0         SUBTOTAL of Disbursements This Page (optional)       0.0	Candidate Name			Contributions Required Under 11 C.F.R. 400.53
	Senate President	Primary General		<u>[ΜΕΜΟΤΙΕΜ]</u>
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Warwick     RI     028       Purpose of Disbursement     Travel       Candidate Name     Candidate Name       Office Sought:     House       Office Sought:     President       President     Other (specify)       State:     District:       Full Name (Last, First, Middle Initial)       Radisson Hotel       Mailing Address     2081 Post Rd.	ary Page sold or used by a any political comm Code 386 General ▼ Code		17     18     19a     19b       20a     20b     20c     21       or the purpose of soliciting contributions
or for commercial purposes, other than using the name and address of a NAME OF COMMITTEE (In Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip G         Warwick       RI       028         Purpose of Disbursement       Travel         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         State:       District:       Other (specify)         Full Name (Last, First, Middle Initial)       Radisson Hotel         Mailing Address       2081 Post Rd.       Other (specify)         State:       District:       Other (specify)       State         Full Name (Last, First, Middle Initial)       Radisson Hotel       Mailing Address       2081 Post Rd.         City       State       Zip G         Warwick       RI       028         Purpose of Disbursement Travel       Candidate Name       Othics Sought:       House         Office Sought:       House       Disbursement For:       Primary         Office Sought:       House       Disbursement For:       Primary         Office Sought:       House	Code 386 General V	002 ategory/	Transaction ID: D11624         Date of Disbursement         11       12       Y Y Y Y Y Y         Amount of Each Disbursement this Perior         157.07         Refund or Disposal of Excess         Contributions Required Under         11 C.F.R. 400.53         [MEMO ITEM]
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip ( Rl         Varwick       Rl       028         Purpose of Disbursement       Travel         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)       Other (specify)         Radisson Hotel       Mailing Address         Mailing Address       2081 Post Rd.         City       State       Zip ( Rl         Office Sought:       House       Disbursement For:         City       State       Zip ( Rl         Mailing Address       2081 Post Rd.       Rl         City       State       Zip ( Rl         Varwick       Rl       028         Purpose of Disbursement       Travel       Candidate Name         Office Sought:       House       Disbursement For:         Senate       Primary       Other (specify)	386 Ca General ▼ Code	ategory/	Date of Disbursement 1 1 1 1 2 2 2 0 0 7 Amount of Each Disbursement this Perior 157.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Transaction ID: D11625 Date of Disbursement 1 1 2 2 2 0 0 7 2 0 0 7 1 2 2 2 0 0 7 2 0
Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip 0         Warwick       RI       028         Purpose of Disbursement       Travel         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         Senate       Primary       Other (specify)         State:       District:       Other (specify)         State:       District:       Other (specify)         Full Name (Last, First, Middle Initial)       Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip 0         Warwick       RI       028         Purpose of Disbursement       Travel       Candidate Name         Office Sought:       House       Disbursement For:         Senate       Primary       Other (specify)         Office Sought:       House       Disbursement For:         Senate       Primary       Other (specify)	386 Ca General ▼ Code	ategory/	Date of Disbursement 1 1 1 1 2 2 2 0 0 7 Amount of Each Disbursement this Perior 157.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Transaction ID: D11625 Date of Disbursement 1 1 2 2 2 0 0 7 2 0 0 7 1 2 2 2 0 0 7 2 0
City     State     Zip 0       Warwick     Rl     028       Purpose of Disbursement     Travel       Candidate Name     Disbursement For:       Office Sought:     House     Disbursement For:       Senate     Primary       President     Other (specify)       State:     District:       Full Name (Last, First, Middle Initial)       Radisson Hotel       Mailing Address     2081 Post Rd.       City     State     Zip 0       Warwick     Rl     028       Purpose of Disbursement     Travel       Candidate Name     Candidate Name       Office Sought:     House     Disbursement For:       Senate     Primary     Primary       Office Sought:     House     Disbursement For:       Senate     Primary     Other (specify)	386 Ca General ▼ Code	ategory/	1 1       1 2       2 0 0 7         Amount of Each Disbursement this Perio       157.07         Refund or Disposal of Excess       157.07         Contributions Required Under       11 C.F.R. 400.53         [MEMO ITEM]       Image: Control of Disbursement         Mark       /       D 102       /       Y 2 0 0 7
Warwick     RI     028       Purpose of Disbursement     Travel       Candidate Name     Disbursement For:       Office Sought:     House       President     Primary       State:     District:       Full Name (Last, First, Middle Initial)       Radisson Hotel       Mailing Address     2081 Post Rd.       City     State       Purpose of Disbursement       Travel       Candidate Name       Office Sought:     House       Disbursement       Travel       Candidate Name       Office Sought:     House       President     Disbursement For:       Senate     Primary       Office Sought:     House       Disbursement For:     Other (specify)	386 Ca General ▼ Code	ategory/	157.07         Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53         [MEMO ITEM]         Transaction ID: D11625 Date of Disbursement         M       /         1       1         1       1         0       0         1       2         1       1
Travel         Candidate Name         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip O         Warwick       RI       028         Purpose of Disbursement       Travel         Candidate Name       Disbursement For:       Senate         Office Sought:       House       Disbursement For:         Senate       Primary       Other (specify)	General ▼ Code	ategory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Transaction ID: D11625 Date of Disbursement 11 1 / D D / Y Y Y Y Y
Senate       Primary         Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip O         Warwick       RI       028         Purpose of Disbursement       Travel         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         President       Other (specify)	General ▼ Code		Transaction ID: D11625Date of Disbursement $111^{M}$ $7^{D}$ $12^{D}$ $7^{Y}$ $2007^{Y}$
Radisson Hotel         Mailing Address       2081 Post Rd.         City       State       Zip 0         Warwick       RI       028         Purpose of Disbursement       Travel         Candidate Name       Disbursement For:         Office Sought:       House       Disbursement For:         President       Other (specify)			Date of Disbursement 11 $1$ $1$ $1$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $2$ $1$ $1$ $2$ $1$ $1$ $2$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$
City State Zip ( Warwick RI 028 Purpose of Disbursement Travel Candidate Name Office Sought: House Disbursement For: Senate Primary Other (specify)			
Warwick     RI     028       Purpose of Disbursement     Travel       Travel     Candidate Name       Office Sought:     House       Disbursement For:     Senate       President     Other (specify)			Amount of Each Disbursement this Perio
Travel Candidate Name Office Sought: House Disbursement For: Senate Primary Other (specify)			
Office Sought: House Disbursement For: Senate Primary Other (specify)		002	157.07 Refund or Disposal of Excess Contributions Required Under
Senate     Primary       President     Other (specify)		ategory/ Type	11 C.F.R. 400.53 [MEMO ITEM]
	General ▼		
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11641 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \end{array} \begin{array}{c} M & D \\ 1 & 2 \end{array} \end{array} \begin{array}{c} D & D \\ \mathbf{Y} & \mathbf{Y} & \mathbf{Y} \end{array} $
City State Zip 0 Newport RI 028	Code 340		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline		002	29.00 Refund or Disposal of Excess
Candidate Name	Ca	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:     House     Disbursement For:       Senate     Primary     Other (specify)       State:     District:	General ▼		[MEMO ITEM]
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EMIZED DISBURSEMENTS y Information copied from such Reports and State or commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		d by any person	X     17     18     19a     19b       20a     20b     20c     21       for the purpose of soliciting contributions
or commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11672 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 1 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name		002 Category/ Type	23.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼	1,900	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11627 Date of Disbursement 1 1 2 / Y Y Y Y 2 0 0 7
Mailing Address 3319 Post Rd.			11 12 2007
City Warwick	StateZip CodeRI02886		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name		002 Category/	27.15 Refund or Disposal of Excess Contributions Required Under
	ement For: Primary General Other (specify) <b>V</b>	Туре	11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11636 Date of Disbursement
Mailing Address 138 Connell Highway			111 $12' $ $2007'$
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline		002	29.80 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
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SCHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 144/17
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11655 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{array}{c c} M & M \\ 1 & 1 \end{array} \begin{pmatrix} D & D \\ 1 & 2 \end{array} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 7 \end{array} \begin{pmatrix} Y \\ Y \\ 2 & 0 & 0 \\ 7 \end{pmatrix}$
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Peri
Purpose of Disbursement Gasoline Candidate Name		002 Category/ Type	24.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	1390	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11652 Date of Disbursement
Mailing Address 3319 Post Rd.			$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ Y & Y \end{bmatrix}$
City Warwick	StateZip CodeRI02886		Amount of Each Disbursement this Peri
Purpose of Disbursement Gasoline		002	20.05 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11654 Date of Disbursement
Mailing Address 207 East Main Rd.			$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ Y \end{bmatrix}$
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Peri
Purpose of Disbursement Gasoline		002	18.95 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
UBTOTAL of Disbursements This Page (optional)		····· <b>Þ</b>	0.00
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5AN018			FEC Schedule B (Form 3) (Revise

FEC Schedule B ( Form 3 ) (Revised 02/2003)
SCHEDULE B (FEC Form 3)	Use separate schedule(s)		NUMBER: PAGE 145/176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Stater for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11633 Date of Disbursement
Mailing Address 138 Connell Highway			$111^{M} 12^{V} 12^{V} 12^{V}$
City Newport	StateZip CodeRI02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name	[	002 Category/ Type	40.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11638 Date of Disbursement
Mailing Address 2525 East Main Rd.			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} & \begin{array}{c} I \\ \end{array} & \begin{array}{c} D \\ 1 & 2 \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} D \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \end{array} & \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & \end{array} & \begin{array}{c} Y \end{array} & \begin{array}{c} Y \end{array} & \end{array} & \begin{array}{c} Y \end{array} & \end{array} & Y \end{array} & \begin{array}{c} Y \end{array} & \end{array} & \end{array} & \begin{array}{c} Y \end{array} & \end{array} & Y \end{array} & \end{array} & \end{array} & Y \end{array} & \begin{array}{c} Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \\ & Y \end{array} & Y \end{array} & Y \\ & Y \end{array} & Y \\ & Y \end{array} & Y \\ & Y \\ & Y \end{array} & Y \\ & Y \\ & Y \end{array} & Y \\ & Y \\ & Y \end{array} & Y \\ \\ & Y \\ & Y \\ & Y \\ \\ & Y \\ \\ & Y \\ & Y \\ & Y \\ \\ & Y \\ \\ \\ \\$
City Portsmouth	State Zip Code RI 02871		Amount of Each Disbursement this Peri
Purpose of Disbursement Gasoline	[	002	25.95 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11671 Date of Disbursement
Mailing Address 2525 East Main Rd.			$\begin{array}{c c} M & M \\ \hline 1 & 1 \end{array} \begin{array}{c} D \\ \hline 1 & 2 \end{array} \begin{array}{c} D \\ \hline 1 & 2 \end{array} \begin{array}{c} Y \\ \hline Y \\ \hline 2 & 0 \\ \hline 0 & 7 \end{array} \begin{array}{c} Y \\ \hline Y \\ Y \\$
City Portsmouth	StateZip CodeRI02871		Amount of Each Disbursement this Peri
Purpose of Disbursement Gasoline	[	002	29.75 Refund or Disposal of Excess
Candidate Name	L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		
SUBTOTAL of Disbursements This Page (optional)		►	0.00
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5AN018			FEC Schedule B (Form 3) (Revise

FEC Schedule B ( Form 3 ) (Revised 02/2003)

EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 146 / 176 / one)
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
y Information copied from such Reports and State for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11622 Date of Disbursement
Mailing Address 207 East Main Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} Y \\ 0 \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
City Middletown	StateZip CodeRI02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline Candidate Name		002 Category/ Type	40.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Турс	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Sonoma Restaurant			Transaction ID: D11664 Date of Disbursement
Mailing Address 223 Pennsylvania Ave.	SE		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \end{array} \right) \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \end{array} \right) \\ \end{array} \\ \left( \begin{array}{c} Y \\ 2 \end{array} \right) \\ \left( \begin{array}{c} Y \\ 2 \end{array} \right) \\ \left( \begin{array}{c} Y \\ 2 \end{array} \right) \\ \end{array} \\ \left( \begin{array}{c} Y \\ Y \end{array} \right) \\ \left( $
City Washington	StateZip CodeDC20003		Amount of Each Disbursement this Perio
Purpose of Disbursement Meeting expense		001	201.10 Refund or Disposal of Excess
Candidate Name	С	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Southwest Airlines			Transaction ID: D11679 Date of Disbursement
Mailing Address P.O. Box 36611			11 <sup>M</sup> / 12 <sup>D</sup> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas	State Zip Code TX 75235		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel	Г	002	253.30 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		[MEMO ITEM]
UBTOTAL of Disbursements This Page (optional)		►	0.00
	/)	►	

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) FOR LINE (check on	<u> </u>	PAGE 147/176
	Detailed Summary Page		20a 20b	19a 19b 20c 21
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n				
Friends of Patrick J. Kennedy Inc.				
Full Name (Last, First, Middle Initial) Southwest Airlines			Transaction ID: D1 Date of Disbursemer	
Mailing Address P.O. Box 36611			11 <sup>1</sup> /12	Ý ŽOÖ7
City Dallas	State Zip Code TX 75235		Amount of Each Disk	oursement this Perio
Purpose of Disbursement				253.30
Travel Candidate Name		002 Category/ Type	Refund or Dispos Contributions Rev 11 C.F.R. 400.53 [MEMO ITEM]	quired Under
Office Sought: House Disbu	ursement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Transation ID: D1:	1077
US Airways			Transaction ID: D1 Date of Disbursemer	nt
Mailing Address Crystal Park 4 3345 Crystal Dr.				Ý 2007
City Arlington	State Zip Code VA 22227		Amount of Each Dist	bursement this Perio
Purpose of Disbursement Travel		002	Refund or Dispos	
Candidate Name		Category/ Type	Contributions Red 11 C.F.R. 400.53	quired Under
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼		[MEMO ITEM]	
Full Name (Last, First, Middle Initial) US Airways			Transaction ID: D1 Date of Disbursemer	
Mailing Address Crystal Park 4 3345 Crystal Dr.			111 <sup>//</sup> 12	Ý ŽOŎ7
City Arlington	State Zip Code VA 22227		Amount of Each Disk	
Purpose of Disbursement Travel		000		475.30
Candidate Name		002 Category/ Type	Refund or Dispos Contributions Red 11 C.F.R. 400.53	quired Under
Office Sought: House Disbu Senate President State: District:	ursement For: Primary General Other (specify) ▼		[MEMO ITEM]	
SUBTOTAL of Disbursements This Page (option	al)	►		0.00
TOTAL This Period (last page this line number o				
E5AN018	"J/	····· ·	FEC Schedule B	Form 3 ) (Revised

SCHEDULE B (FEC Form 3)		INE NUMBER: PAGE 148 / 176 only one)
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Verio Web Hosting		Transaction ID: D11634 Date of Disbursement
Mailing Address 1800 Old Okeechobee	Rd.	$111 ^{M} ^{M} 12 ^{D} 12 ^{V} 2007^{V}$
City West Palm Beach	State Zip Code FL 33409	Amount of Each Disbursement this Period
Purpose of Disbursement Website Candidate Name	001 Category/ Type	99.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Washington Metro		Transaction ID: D11630 Date of Disbursement
Mailing Address 600 Fifth St. NW		
City Washington	State Zip Code DC 20001	Amount of Each Disbursement this Peri
Purpose of Disbursement Travel	002	35.00 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼	— [MEMO ITEM]
Full Name (Last, First, Middle Initial) Washington Metro		Transaction ID: D11675 Date of Disbursement
Mailing Address 600 Fifth St. NW		$11^{M} / 12^{D} / 2007^{Y}$
City Washington	StateZip CodeDC20001	Amount of Each Disbursement this Peri
Purpose of Disbursement Travel	002	Befund or Dispagal of Evence
Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼	— [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional	al)	0.00
TOTAL This Period (last page this line number or	ly)	
E5AN018		FEC Schedule B (Form 3) (Revise

any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee       20.       7.       40.       30.       40.       30.       40.       30.       40.       30.       40.       40.       40. <td< th=""><th>Schedule B ( Temized dise</th><th></th><th>for each c</th><th>rate schedule(s) ategory of the Summary Page</th><th>(check only</th><th>NUMBER: / one) X 17 18</th><th>PAGE 149/176</th></td<>	Schedule B ( Temized dise		for each c	rate schedule(s) ategory of the Summary Page	(check only	NUMBER: / one) X 17 18	PAGE 149/176
NAME OF COMMITTEE (in Full)         Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         American Express         Maling Address       P.O. Box 1270         City       State       Zip Code         Newark       Nu       07101         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:         Propose of Disbursement       Other (specify)       Transaction ID: D11448         American Express       Amount of Each Disbursement this Per         Office Sought:       House       Disbursement For:         Propose of Disbursement       Other (specify)       Transaction ID: D11448         American Express       Transaction ID: D11448       Disbursement the Per         Newark       Nul       07101       Amount of Each Disbursement the Per         Purpose of Disbursement       Nul       07101       Amount of Each Disbursement the Per         Newark       Nul       07101       Amount of Each Disbursement the Per         Purpose of Disbursement       Disbursement For:       Disbursement For:       Disbursement For:         Office Sought:       House       Disbursement For:       Disbursement For:         Primary			I Statements may no	t be sold or used		or the purpose of solicit	ting contributions
Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)         American Express         Mailing Address       P.O. Box 1270         Cily       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       Out			he name and addres	s of any political	committee to so	licit contributions from s	such committee
American Express         Mailing Address       P.O. Box 1270         City       State       Zip Code         Numerican Express       Amount of Each Disbursement is Per         Purpose of Disbursement       O01         Credit Card - See Below if Itemized       O01         Candidate Name       Disbursement For:         Disbursement       Disbursement For:         President       Disbursement For:         District:       Disbursement For:         Purpose of Disbursement       Other (specify) ▼         American Express       Amount of Each Disbursement this Per         Mailing Address       P.O. Box 1270         City       State:       Disbursement For:         Purpose of Disbursement       O11         Credit Card - See below if Itemized       O01         Candidate Name       O110         Office Sought:       House         Office Sought:       House         Office Sought:       House         Office Sought:       Bostursement For:         Purpose of Disbursement       O11         City       State:       Disbursement For:         Purpose of Disbursement       O11         Shell       Other (specify) ▼         G	\	, ,					
Mailing Address       P.O. Box 1270       I1       19       2 0 07         City       NJ       07101       Amount of Each Disbursement this Per         Numerical Card - See Below if Hemized       001       Refund or Disposal of Excess         Candidate Name       Disbursement For:       001       Transaction ID: D11448         Office Sought:       District:       Disbursement For:       Transaction ID: D11448         Americal Express       Mailing Address       P.O. Box 1270       Amount of Each Disbursement         City       State:       Disbursement       Transaction ID: D11448         Mailing Address       P.O. Box 1270       Amount of Each Disbursement         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       Code         Credit Card - See below if Hemized       001         Category/       Transaction ID: D11448         Disbursement       Code         NU       07101         Purpose of Disbursement       001         Credit Card - See below if Hemized       001         Category/       Transaction ID: D11619         Date of Disbursement       Transaction ID: D11619         Dato of Disbursement       018		,				Date of Disburseme	-
Newark       NJ       07101         Purpose of Disbursement       001       Refund or Disposal of Excess         Cardidate Name       001       Category/ Type       Refund or Disposal of Excess         Office Sought:       House       Disbursement For:       Category/ Type       Refund or Disposal of Excess         Full Name (Last, First, Middle Initial)       American Express       Transaction ID: D11448         Mailing Address       P.O. Box 1270       Mawark         Credit Card - See below if Itemized       001         Cardidate Name       001         Office Sought:       House         Purpose of Disbursement       001         Credit Card - See below if Itemized       001         Candidate Name       Disbursement For:         Purpose of Disbursement       001         Credit Card - See below if Itemized       001         Candidate Name       Disbursement For:         President       Disbursement For:         Shell       President         Office Sought:       House         Postrict:       Disbursement For:         Purpose of Disbursement       002         Category/ Type       Transaction ID: D11619         Date of Disbursement       40.35         <	Mailing Address	P.O. Box 1270				1 1 / 1 9	Ý Ž0Ŏ7Ÿ
Cradi Card - See Below II Itemized       001         Cardidate Name       001         Office Sought:       House         State:       Disbursement For:         President       Office Sought:         Mailing Address       P.O. Box 1270         City       State         Newark       NJ         Purpose of Disbursement       Other (specify)         Category/       Amount of Each Disbursement this Per         Newark       NJ         Purpose of Disbursement       Other (specify)         Credit Card - See below if Itemized       Other (specify)         Office Sought:       House         Disbursement Eor:       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         Shell       Other (specify)         Office Sought:       House         Disbursement Gasoline       Other (specify)         Category/       Transaction ID: D11619         Date of Disbursement Bate       Other (specify)         City       State       Disbursement Eor:         Office Sought:       Other (specify)       Category/         Office Sought:       House       Disbursement Eor:         Gasoline						Amount of Each Dis	
Other       Other <t< td=""><td></td><td></td><td></td><td></td><td>001</td><td></td><td>sal of Excess</td></t<>					001		sal of Excess
Senate       President         State:       District:         Full Name (Last, First, Middle Initial)       American Express         Mailing Address       P.O. Box 1270         City       State         Newark       NJ         Option       Option         Candidate Name       Option         Office Sought:       House         State:       Disbursement         Office Sought:       Senate         Purpose of Disbursement       Disbursement For:         Candidate Name       District:         President       Disbursement For:         Senate       Primary         General       Other (specify)         Transaction ID: D11619         Shell       Disbursement For:         Purpose of Disbursement       Other (specify)         Full Name (Last, First, Middle Initial)       Shell         Mailing Address       207 East Main Rd.         City       State       Zip Code         Middletown       R1       02842         Outre (specify)       Type         Office Sought:       House       Disbursement For:         Gasoline       Option       Option         Candidate Name	Candidate Name				0,		
Full Name (Last, First, Middle Initial)       Transaction ID: D11448         American Express       Date of Disbursement         Mailing Address       P.O. Box 1270         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See below if Itemized       001         Candidate Name       Disbursement For:         President       Disbursement For:         President       Other (specify)         Full Name (Last, First, Middle Initial)       State         Shell       Disbursement For:         Purpose of Disbursement Extrement For:       President         Office Sought:       House         District:       Disbursement For:         Full Name (Last, First, Middle Initial)       State         Shell       Zip Code         Middledtown       Rate         Rate       Disbursement For:         Orfice Sought:       House         Orfice Sought:       Disbursement For:         Orfice Sought:       House         Office Sought:       Disbursement For:         Senate       Disbursement For:         Orfice Sought:       House         Senate		Senate President	Primary				
American Express       Date of Disbursement         Mailing Address       P.O. Box 1270         City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See below if Itemized       001         Cardidate Name       001         Office Sought:       House         President       Disbursement For:         President       Other (specify) ▼         Full Name (Last, First, Middle Initial)       State         Shell       Disbursement For:         Middletown       R1         Q19 / 2 0 07         City       State         Purpose of Disbursement         Category/ Type         Office Sought:       House         Disbursement R1         City       State         Mailing Address       207 East Main Rd.         City       State         Purpose of Disbursement Gradidate Name         Office Sought:       House         Disbursement For:       Category/ Type         Office Sought:       House         Disbursement For:       Category/ Type         Office Sought:       House       Disbursement For: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
City       State       Zip Code         Newark       NJ       07101         Purpose of Disbursement       001         Credit Card - See below if Itemized       001         Candidate Name       001         Office Sought:       House         Senate       President         Office Sought:       Disbursement For:         Office Sought:       District:         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       207 East Main Rd.         City       State         Middletown       RI         Q02       Category/ Type         Office Sought:       House         Office Sought:       Disbursement For:         Office Sought:       East Main Rd.         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       House         Disbursement For:       Other (specify) ▼         Office Sought:       House         Disbursement For:       Other (specify) ▼         Office Sought:       House         Disbursement For:       Other (specify) ▼         Other (specify) ▼	•	,				Date of Disburseme	nt
Newark       NJ       07101         Purpose of Disbursement       001       40.35         Credit Card - See below if Itemized       001       Category/ Type       Refund or Disposal of Excess         Candidate Name       001       Category/ Type       Contributions Required Under       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       Contributions Required Under       11 C.F.R. 400.53         State:       District:       Other (specify)       ✓       Transaction ID: D11619         Shell       Disbursement       O2       O7 Y       2 0 0 7 Y         Mailing Address       207 East Main Rd.       02       Amount of Each Disbursement this Per         Middletown       Rl       02842       40.35         Purpose of Disbursement       002       Category/ Type       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       02842         Output       Senate       002       Category/ Type       11 C.F.R. 400.53         Office Sought:       House       Disbursement For:       02842       40.35         Office Sought:       House       Disbursement For:       028       Contributions Required Under         Office Sought:       House       Disburseme	Mailing Address	P.O. Box 1270					Ź 0 Ŏ 7 Ÿ
Credit Card - See below if Itemized       001         Credit Card - See below if Itemized       001         Candidate Name       001         Office Sought:       House         Senate       Primary         President       Other (specify) ▼         State:       Disbursement For:         Full Name (Last, First, Middle Initial)         Shell         Mailing Address       207 East Main Rd.         City       State         Middletown       Rl         Purpose of Disbursement Gasoline       002         Candidate Name       002         Category/       Type         Middletown       Rl         Office Sought:       House         Disbursement For:       002         Category/       Type         Office Sought:       Disbursement For:         Senate       Disbursement For:         Senate       Other (specify) ▼         State:       District:						Amount of Each Dis	
Office Sought:       House       Disbursement For:					001		sal of Excess
Senate       Primary       General         Other (specify)       ✓         State:       District:         Full Name (Last, First, Middle Initial)       Shell         Mailing Address       207 East Main Rd.         City       State         Middletown       Rl         Purpose of Disbursement       002         Candidate Name       002         Candidate Name       Disbursement For:         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       District:						11 C.F.R. 400.5	equired Under 3
Full Name (Last, First, Middle Initial)       Transaction ID: D11619         Shell       Date of Disbursement         Mailing Address       207 East Main Rd.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       002         Candidate Name       002         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Office Sought:	Senate	Primary				
Shell       Date of Disbursement         Mailing Address       207 East Main Rd.         City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       002         Gasoline       002         Candidate Name       002         Office Sought:       House         President       Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:							
City       State       Zip Code         Middletown       RI       02842         Purpose of Disbursement       002         Gasoline       002         Candidate Name       002         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	· · ·	t, Middle Initial)				Date of Disburseme	nt
Middletown       RI       02842         Purpose of Disbursement       002         Gasoline       002         Candidate Name       002         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Mailing Address	207 East Main Rd.					Ź 0 Ŏ 7 Ÿ
Gasoline       002         Candidate Name       002         Category/ Type       Refund or Disposal of Excess         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:						Amount of Each Dis	
Office Sought:     House     Disbursement For:     In C.F.R. 400.53       Office Sought:     Senate     Primary     General       President     Other (specify)     ▼	Gasoline	ment			002		sal of Excess
Office Sought:     House     Disbursement For:     Image: Senate       Senate     Primary     General       President     Other (specify)       State:     District:					0,	11 C.F.R. 400.53	
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SUBTOTAL of Disbursements This Page (optional) 210.96	State: Di	strict:					
	SUBTOTAL of Disburs	ements This Page (or	otional)		▶		210.96
TOTAL This Period (last page this line number only)							

CHEDULE B (FEC Form 3	for each category of the Detailed Summary Page Statements may not be sold or used by		one)         17         18         19a         19b           20a         20b         20c         21           r the purpose of soliciting contributions
r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	e name and address of any political co	mmittee to soli	cit contributions from such committee
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D11455 Date of Disbursement
Mailing Address P.O. Box 1270			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 2 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \\ 2 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \end{array} \end{array} \end{array} \end{array} \begin{array}{c} Y \end{array} \end{array} \end{array} \end{array} \begin{array}{c} Y \end{array} $
City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Perio
Purpose of Disbursement Credit Card - See below if Itemized Candidate Name		001 Category/	100.27 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D11501 Date of Disbursement
Mailing Address P.O. Box 1270			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 7 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \end{array}$
City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period 1770.24
Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Hilton Hotel			Transaction ID: D11508 Date of Disbursement
Mailing Address 1001 Cass St.			12 <sup>M</sup> /17 <sup>V</sup> /2007 <sup>V</sup>
City Omaha	State Zip Code NE 68102		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name		002 Category/	207.50 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Di Senate President State: District:	sbursement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]
	ional)		1870.51

CHEDULE B (FEC Form 3 )			NUMBER: PAGE 151/176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one) K 17 18 19a 19b 20a 20b 20c 21
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r for commercial purposes, other than using the nam	he and address of any political co	ommittee to sol	lot contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Stub Hub			Transaction ID: D11507 Date of Disbursement
Mailing Address 199 Fremont St. Suite 300			12 <sup>M</sup> /17 <sup>J</sup> /2007 <sup>Y</sup>
City San Francisco	StateZip CodeCA94105		Amount of Each Disbursement this Perio
Purpose of Disbursement Reception-Entertainment		007	212.45 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		[]
Full Name (Last, First, Middle Initial) Surroundings Florist			Transaction ID: D11509 Date of Disbursement
Mailing Address Shaker Pine Plaza			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{pmatrix}$
City Albany	State Zip Code NY 12205		Amount of Each Disbursement this Peric
Purpose of Disbursement Reception-Flowers		001	82.91 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Surroundings Florist			Transaction ID: D11510 Date of Disbursement
Mailing Address Shaker Pine Plaza			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} T \\ 7 \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
City Albany	StateZip CodeNY12205		Amount of Each Disbursement this Peric
Purpose of Disbursement Reception-Flowers	[	001	126.26 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		······ <b>Þ</b>	0.00
<b>FOTAL</b> This Period (last page this line number only	)		
5AN018	,	F	FEC Schedule B (Form 3) (Revised

SCHEDULE B ( TEMIZED DISB		S for each of	arate schedule(s) category of the Summary Page	(check only	X 17 18 19a 19b
					20a     20b     20c     21       for the purpose of soliciting contributions       licit contributions from such committee
NAME OF COMMIT	, ,				
Full Name (Last, Firs Surroundings Flor					Transaction ID: D11511 Date of Disbursement
Mailing Address	Shaker Pine Plaz	za			12 <sup>M</sup> /17 <sup>/</sup> 2007 <sup>Y</sup>
City Albany		State NY	Zip Code 12205		Amount of Each Disbursement this Perio
Purpose of Disburser Reception-Flowers	nent				126.26 Refund or Disposal of Excess
Candidate Name Office Sought:	House Senate	Disbursement For: Primary	General	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: Di	President strict:	Other (spe	cify) 🔻		
Full Name (Last, Firs W Los Angeles	t, Middle Initial)				Transaction ID: D11512 Date of Disbursement
Mailing Address	930 Hilgard Ave.				$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} D \\ 1 \\ 7 \end{array} \begin{array}{c} D \\ 1 \\ 7 \end{array} \begin{array}{c} D \\ 1 \\ 7 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Los Angeles		State CA	Zip Code 90024		Amount of Each Disbursement this Perio
Purpose of Disburser Travel Candidate Name	nent			002 Category/	1014.86 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:	House Senate President strict:	Disbursement For: Primary Other (spe	General cify) ▼	Туре	[MEMO ITEM]
Full Name (Last, Firs American Express					Transaction ID: D11504 Date of Disbursement
Mailing Address	P.O. Box 1270				12 <sup>M</sup> /18 <sup>J</sup> /2007 <sup>Y</sup>
City Newark		State NJ	Zip Code 07101		Amount of Each Disbursement this Perio
Purpose of Disburser Credit Card - See Bel Candidate Name				001 Category/ Type	267.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: Di	House Senate President strict:	Disbursement For: Primary Other (spe	General cify) ▼	. 190	
	I	optional)			267.24

SCHEDULE B (FEC For TEMIZED DISBURSEMI	ENTS for each	arate schedule(s) category of the Summary Page	(check only	NUMBER:         PAGE         153 / 176           y one)         X         17         18         19a         19b           20a         20b         20c         21
	using the name and addre			for the purpose of soliciting contributions licit contributions from such committee
Full Name (Last, First, Middle Initia				Transaction ID: D11514
Marriott				Date of Disbursement
Mailing Address 32 Exchang	e Terrace			12 <sup>M</sup> /18 <sup>J</sup> /2007 <sup>Y</sup>
City Providence	State RI	Zip Code 02903		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		Г	000	256.95
Candidate Name			002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify) <b>▼</b>		[ΜΕΜΟ ΙΤΕΜ]
State: District: Full Name (Last, First, Middle Initia	1)			
American Express	1)			Transaction ID: D11506 Date of Disbursement
Mailing Address P.O. Box 12	270			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} T \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} T \\ T \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} T \\ T \\ T \\ T \end{array}$
City Newark	State NJ	Zip Code 07101		Amount of Each Disbursement this Peric
Purpose of Disbursement Credit Card - See Below if Itemized	I		001	11203.43 Refund or Disposal of Excess
Candidate Name		(	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary Other (spo	General		
State: District:	D.			
Full Name (Last, First, Middle Initia 21C Hotel	1)			Transaction ID: D11531 Date of Disbursement
Mailing Address 700 West N	lain St.			$\begin{array}{c} \stackrel{M}{12} \stackrel{M}{2} \stackrel{M}{2} \stackrel{M}{2} \stackrel{I}{2} \stackrel{I}{2} \stackrel{D}{19} \stackrel{I}{2} \stackrel{V}{2} \stackrel{V}{2} \stackrel{V}{0} \stackrel{V}{7} \stackrel{V}{7} \stackrel{V}{2} \stackrel{V}{10} \stackrel{V}{7} \stackrel{V}{10} $
City Louisville	State KY	Zip Code 40202		Amount of Each Disbursement this Peric
Purpose of Disbursement Travel		Г	002	301.98 Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General ecify) ▼		[MEMO ITEM]
State: District:				
SUBTOTAL of Disbursements This F	Page (optional)		►	11203.43

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	rone) ( 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) American Airlines			Transaction ID: D11587 Date of Disbursement
Mailing Address 4255 Amon Carter Blvd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 9 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
City Fort Worth	StateZip CodeTX76155		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	C	002 ategory/ Type	782.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D11547 Date of Disbursement
Mailing Address P.O. Box 1270			12 <sup>M</sup> /19 <sup>/</sup> 2007 <sup>/</sup>
City Newark	StateZip CodeNJ07101		Amount of Each Disbursement this Perio
Purpose of Disbursement Service charge Candidate Name		001 ategory/	35.00 Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburst Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM]
Full Name (Last, First, Middle Initial) Amtrak			Transaction ID: D11570 Date of Disbursement
Mailing Address 110 N. Carolina Ave. SE			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \prime \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Washington	StateZip CodeDC20003		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel	Γ	002	30.00 Refund or Disposal of Excess
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		🕨	0.00
TOTAL This Period (last page this line number only)	)	►	
5AN018			FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: y one) X 17 18 19a 19b
Any Information copied from such Reports and Statem	hents may not be sold or used b	y any person f	20a     20b     20c     21       for the purpose of soliciting contributions
r for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Camilles Sidewalk Cafe			Transaction ID: D11565 Date of Disbursement
Mailing Address 2600 E Southlake Blvd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Fort Worth	State Zip Code TX 76117		Amount of Each Disbursement this Perio
Purpose of Disbursement Meeting expense Candidate Name	[	001 Category/ Type	258.99 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	ement For: Primary General Other (specify) ▼	. , , , , , , , , , , , , , , , , , , ,	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Capitol Hill Suites			<b>Transaction ID:</b> D11594 Date of Disbursement
Mailing Address 200 C St. NW			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} Y \\ 2 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
	State Zip Code DC 20001		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	170.61 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11591 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		12 <sup>M</sup> /19 <sup>/</sup> 2007 <sup>Y</sup>
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel	Γ	002	15.00 Refund or Disposal of Excess
Candidate Name	I.	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
<b>FOTAL</b> This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE N (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	×	17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any pointeal con		
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11540 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \stackrel{\text{M}}{2} \stackrel{\text{M}}{12} \stackrel$
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name		002	30.00 Refund or Disposal of Excess Contributions Required Under
		ategory/ Type	11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		
Full Name (Last, First, Middle Initial)			Transaction ID: D11550
Carroll Travel			Transaction ID: D11552 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	30.00 Refund or Disposal of Excess
Candidate Name	C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) <b>V</b>		
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11558 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{pmatrix}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	30.00 Refund or Disposal of Excess
Candidate Name	c	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
TOTAL This Period (last page this line number only)	)	►	
5AN018			FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE N	IUMBER: PAGE 157 / 176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only o	one) 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam			the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
		I	
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11563 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		12 <sup>M</sup> /19 <sup>J</sup> /2007 <sup>Y</sup>
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name		002	30.00 Refund or Disposal of Excess Contributions Required Under
		ategory/ Type	11 C.F.R. 400.53 [MEMO ITEM]
State: District:	Primary General Other (specify) <b>V</b>		
Full Name (Last, First, Middle Initial)			Transaction ID: D11570
Carroll Travel			Transaction ID: D11573 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		12 19 2007
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Peri
Purpose of Disbursement Travel		002	15.00 Refund or Disposal of Excess
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11584 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} P \\ 1 \\ 2 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \\ P \\ P \end{array} \end{array} \end{array} \end{array}$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Peri
Purpose of Disbursement Travel		002	30.00 Refund or Disposal of Excess
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		►	0.00
<b>FOTAL</b> This Period (last page this line number only)		►	
5AN018			FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3 )	Use separate schedule(s)	FOR LINE N	IUMBER: PAGE 158 / 176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X	
ny Information copied from such Reports and Staten r for commercial purposes, other than using the nam			r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11588 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \\ 1 \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 1 \end{array} \begin{array}{c} P \\ 1 \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} P \\ P \\ P \end{array} \\ P \\ P$
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	C	002 ategory/ Type	30.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11578 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{array}{c} \begin{array}{c} M \\ 12 \end{array} \end{array} / \begin{array}{c} D \\ 19 \end{array} / \begin{array}{c} Y \\ 2007 \end{array} $
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name		002	30.00 Refund or Disposal of Excess Contributions Required Under
		ategory/ Type	11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[
Full Name (Last, First, Middle Initial) Carroll Travel			Transaction ID: D11593 Date of Disbursement
Mailing Address 201 Massachusetts Ave.	NE		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \prime \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} J \\ 1 \\ 9 \end{array} \begin{array}{c} \prime \\ \prime \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Washington	StateZip CodeDC20002		Amount of Each Disbursement this Peri
Purpose of Disbursement Travel	Γ	002	45.00 Refund or Disposal of Excess
Candidate Name	c	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
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E5AN018			FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3 )		LINE NUMBER: PAGE 159 / 176 k only one)
	Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)           Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Citgo/7-Eleven		Transaction ID: D11567 Date of Disbursement
Mailing Address 135 JT Connell Highway	,	12 <sup>M</sup> /19 <sup>Y</sup> /2007 <sup>Y</sup>
City Newport	State Zip Code RI 02840	Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals Candidate Name	001 Category Type	11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[МЕМО ІТЕМ]
Full Name (Last, First, Middle Initial) Citgo/7-Eleven		Transaction ID: D11564 Date of Disbursement
Mailing Address 135 JT Connell Highway	,	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newport	State Zip Code RI 02840	Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals	001	3.13 Refund or Disposal of Excess
Candidate Name	Category Type	
Senate President	ement For: Primary General Other (specify) ▼	
State: District: Full Name (Last, First, Middle Initial) Citgo		Transaction ID: D11553 Date of Disbursement
Mailing Address 726 Aquidneck Ave.		12 <sup>M</sup> /19 <sup>Y</sup> /2007 <sup>Y</sup>
City Middletown	State Zip Code RI 02842	Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals	001	9.24
Candidate Name	Category Type	11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM]
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E5AN018	/	FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)	ic and address of any pointed c		
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Citgo			Transaction ID: D11586 Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \stackrel{\text{M}}{12} $
City Middletown	StateZip CodeRI02842		Amount of Each Disbursement this Period
Purpose of Disbursement Gasoline		000	32.50
Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			Transaction ID: D11539
Citgo			Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \begin{array}{c} M \\ 12 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 19 \end{array} \right) \left( \begin{array}{c} Y \\ 2007 \end{array} \right) \left( \begin{array}{c} Y \\ 2007 \end{array} \right) \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \begin{array}{c} Y \\ Y \end{array} \right) \left( \begin{array}{c} Y \end{array} \right) \left( \left$
City Middletown	StateZip CodeRI02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals		001	2.70 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Citgo			Transaction ID: D11535 Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{bmatrix} M & M \\ 12 \end{bmatrix} \begin{bmatrix} D & D \\ 19 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 20 & 07 \end{bmatrix}$
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Newspapers-Periodicals		001	8.59
Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	-	[MEMO ITEM]
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55AN018	]	····· •	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N (check only	
	Detailed Summary Page	X	20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Citgo			Transaction ID: D11529 Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \stackrel{M}{1} \stackrel{M}{2} \stackrel{M}{1} \stackrel{M}{2} \\ \end{array} \begin{array}{c} \left( \begin{array}{c} \stackrel{D}{1} \stackrel{D}{9} \\ \end{array} \right) \\ \left( \begin{array}{c} \stackrel{Y}{1} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{7} \\ \end{array} \right) \\ \end{array}$
City Middletown	StateZip CodeRI02842		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		4.72
Newspapers-Periodicals Candidate Name	C	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			Transaction ID: D11543
Citgo			Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} $
City Middletown	StateZip CodeRI02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline		002	45.55 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Citgo			Transaction ID: D11528 Date of Disbursement
Mailing Address 726 Aquidneck Ave.			$\begin{array}{c} \stackrel{M}{1} 2 \stackrel{M}{2} & {}^{\prime} \\ \end{array} \begin{array}{c} \stackrel{D}{1} 1 \stackrel{D}{9} & {}^{\prime} \\ \end{array} \begin{array}{c} \stackrel{Y}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \stackrel{Y}{7} \end{array}$
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	Γ	002	47.95
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
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5AN018	,	····· •	FEC Schedule B ( Form 3 ) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE	162 / 176
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a	19b 21
ny Information copied from such Reports and State r for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full)				
Friends of Patrick J. Kennedy Inc.				
Full Name (Last, First, Middle Initial) Courtyard Marriott			Transaction ID: D11596 Date of Disbursement	
Mailing Address 275 Tremont St.				DŎ7Ÿ
City Boston	StateZip CodeMA02116		Amount of Each Disbursement	this Perio
Purpose of Disbursement			27	79.39
Travel Candidate Name		002 Category/ Type	Refund or Disposal of Exces Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]	
Full Name (Last, First, Middle Initial)			Transaction ID: D11595	
Courtyard Marriott			Date of Disbursement	Y Y
Mailing Address 275 Tremont St.			1 2 1 9 2 0	) 0 7 <sup>×</sup>
City Boston	StateZip CodeMA02116		Amount of Each Disbursement t	
Purpose of Disbursement Travel	[	002	Refund or Disposal of Exces	47.39 ss
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	er
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Cumberland Farms			Transaction ID: D11520 Date of Disbursement	
Mailing Address 1812 E Main Rd.				ŎŎ7Ÿ
City Portsmouth	State Zip Code RI 02871		Amount of Each Disbursement	
Purpose of Disbursement Gasoline	ſ	002	Refund or Disposal of Exces	14.00 ss
Candidate Name		Category/ Type	Contributions Required Und 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]	
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5AN018			FEC Schedule B (Form 3)	(Revise

CHEDULE B (FEC Form 3 ) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
ny Information copied from such Reports and State r for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			or the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Cumberland Farms Mailing Address 1812 E Main Rd.	State Zip Code		Transaction ID: D11533Date of Disbursement $12^{M}$ $12^{M}$ $19^{P}$ YAmount of Each Disbursement this Period
Portsmouth Purpose of Disbursement Gasoline Candidate Name Office Sought: House Disbur Senate President	RI 02871	002 Category/ Type	31.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State:       District:         Full Name (Last, First, Middle Initial)         Embassy Suites         Mailing Address       101 East Locust St.			Transaction ID: D11590 Date of Disbursement 12 / 19 / Y Y Y Y 10 7
Senate President	State Zip Code IA 50309 sement For: Primary General Other (specify) ▼	002 Category/ Type	Amount of Each Disbursement this Perior 443.33 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State:       District:         Full Name (Last, First, Middle Initial)         Hilton Hotel         Mailing Address       1001 Cass St.			Transaction ID: D11521 Date of Disbursement
Senate President	State     Zip Code       NE     68102       rsement For:     Primary       Primary     General       Other (specify)     ▼	002 Category/ Type	Amount of Each Disbursement this Perio 207.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District: SUBTOTAL of Disbursements This Page (optiona	I)	······ <b>Þ</b>	0.00

CHEDULE B (FEC Form 3 )		IE NUMBER: PAGE 164 / 176
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Stater for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Hilton Hotel		Transaction ID: D11526 Date of Disbursement
Mailing Address 1001 Cass St.		$\begin{array}{c c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} T \\ 1 \\ 9 \end{array} \begin{array}{c} T \\ T \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} T \\ T \\ T \\ T \end{array} \begin{array}{c} T \\ T $
City Omaha	State Zip Code NE 68102	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	002 Category/ Type	503.33 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	– [MEMO ITEM]
Full Name (Last, First, Middle Initial) Italian Store		Transaction ID: D11551 Date of Disbursement
Mailing Address 3123 Lee Hwy		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 1 \\ 9 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} P \\ 1 \\ 7 \end{array} $
City Arlington	StateZip CodeVA22201	Amount of Each Disbursement this Peric
Purpose of Disbursement Meeting expense	001	80.85 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) Marriott		Transaction ID: D11559 Date of Disbursement
Mailing Address 32 Exchange Terrace		$\begin{array}{c c} M & M \\ 1 & 2 \end{array} \begin{array}{c} P \\ 1 & 1 \end{array} \begin{array}{c} P \\ 1 & 1 \end{array} \begin{array}{c} P \\ 1 & 1 \end{array} \begin{array}{c} P \\ 1 & 2 \end{array} \begin{array}{c} P \\ 1 & 2 \end{array} \begin{array}{c} P \\ 2 & 0 & 0 \end{array} \begin{array}{c} P \\ 2 \\ 1 \end{array} \begin{array}{c} P \\ 2 \\ 1 \end{array} $
City Providence	State Zip Code RI 02903	Amount of Each Disbursement this Peric
Purpose of Disbursement Travel	002	Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V	– [MEMO ITEM]
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<b>SUBTOTAL</b> of Disbursements This Page (optional)	····· •	0.00

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
Any Information copied from such Reports and State	, ,	by any person f	20a     20b     20c     21       for the purpose of soliciting contributions
or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Northwest Airlines			Transaction ID: D11582 Date of Disbursement
Mailing Address 801 Greenwich Ave.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} I \\ 9 \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y $
City Eagan	StateZip CodeMN55121		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	746.30 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		-
Full Name (Last, First, Middle Initial)			Transaction ID: D11554
Mailing Address 2525 East Main Rd.			Date of Disbursement 1 2 1 1 9 2 0 0 7
City	State Zip Code		Amount of Each Disbursement this Perio
Portsmouth Purpose of Disbursement Gasoline	RI 02871	000	24.85
Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11568 Date of Disbursement
Mailing Address 138 Connell Highway			$12^{M} 12^{M} 19^{I} 2007^{I}$
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Peric
Purpose of Disbursement Gasoline		002	33.35 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[
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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11536 Date of Disbursement
Mailing Address 207 East Main Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} T \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} T \\ 1 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		67.75
Gasoline Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11555 Date of Disbursement
Mailing Address 207 East Main Rd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} I \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y $
City Middletown	State Zip Code RI 02842		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	Γ	002	38.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Shell			Transaction ID: D11572 Date of Disbursement
Mailing Address 138 Connell Highway			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 2 \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ Y $
City Newport	State Zip Code RI 02840		Amount of Each Disbursement this Perio
Purpose of Disbursement Gasoline	Γ	002	52.65
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		······ <b>Þ</b>	0.00
TOTAL This Period (last page this line number only	·)	►	
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	B (FEC Form 3 )	Use separate schedule( for each category of the	s) (check or	$\dot{-}$ $\dot{-}$ $-$	PAGE 167 / 176
		Detailed Summary Page			19a 19b 20c 21
	pied from such Reports and State purposes, other than using the nar				
•	MMITTEE (In Full)				
Friends of Pa	atrick J. Kennedy Inc.				
Full Name (Las Shell	t, First, Middle Initial)			Transaction ID: D11 Date of Disbursemen	
Mailing Addres	s 138 Connell Highway			1 <sup>2</sup> 1 <sup>2</sup> 1 <sup>9</sup>	Ý ŽOŎ7Ÿ
City Newport		State Zip Code RI 02840		Amount of Each Disb	
Purpose of Dis	bursement		0.00		36.85
Gasoline Candidate Nam	ie		002 Category/ Type	Refund or Dispos Contributions Reg 11 C.F.R. 400.53	
Office Sought:	House Disburs Senate President District:	sement For: Primary Genera Other (specify) ▼	I	– [MEMO ITEM]	
State:	t, First, Middle Initial)				
Shell	· · · ·			Transaction ID: D11 Date of Disbursemen 12 / 19	t
Mailing Addres	s 7380 Post Rd.			12 19	Ý ŽOŎ7Ÿ
City North Kingsto		StateZip CodeRI02852	1	Amount of Each Disb	
Purpose of Dis Gasoline	bursement		002	Defund as Diasas	46.40
Candidate Nam	ne		Category/ Type	Refund or Dispos Contributions Reg 11 C.F.R. 400.53	
Office Sought: State:	House Disbur Senate President District:	sement For: Primary Genera Other (specify) ▼	I	– [MEMO ITEM]	
Full Name (Las Sheraton Gra	t, First, Middle Initial) and Hotel			Transaction ID: D11 Date of Disbursemen	
Mailing Addres	s 818 15th St.			1 <sup>M</sup> 2 <sup>M</sup> /19	Ý ŽOŎ7Ÿ
City Sacramento		State Zip Code CA 95814		Amount of Each Disb	
Purpose of Dis Travel	bursement		000		258.19
Candidate Nam	ne		002 Category/ Type	Refund or Dispos Contributions Reg 11 C.F.R. 400.53	
Office Sought: State:	House Disburs Senate President District:	sement For: Primary Genera Other (specify) ▼	I	– [MEMO ITEM]	
	isbursements This Page (optional	)	<b>&gt;</b>		0.00
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CHEDULE B (FEC Form 3 )	Use separate schedule(s)	E NUMBER: PAGE 168 / 176
EMIZED DISBURSEMENTS	Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21
ny Information copied from such Reports and State for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) Southwest Airlines		Transaction ID: D11549 Date of Disbursement
Mailing Address P.O. Box 36611		$\begin{array}{c c} M & M \\ 1 & 2 \\ \end{array} \begin{array}{c} M & M \\ \end{array} \begin{array}{c} I & D \\ 1 & 9 \\ \end{array} \begin{array}{c} D \\ 1 & 9 \\ \end{array} \begin{array}{c} I \\ 1 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
City Dallas	State Zip Code TX 75235	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel Candidate Name	002 Category/	209.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	– [MEMO ITEM]
Full Name (Last, First, Middle Initial) Southwest Airlines		Transaction ID: D11548 Date of Disbursement 12 <sup>M</sup> /19 <sup>V</sup> /2007 <sup>V</sup>
Mailing Address P.O. Box 36611		12 19 2007
City Dallas	StateZip CodeTX75235	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel	002	Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) United Airlines		Transaction ID: D11537 Date of Disbursement
Mailing Address P.O. Box 66100		$\begin{array}{c c} M & M \\ 1 & 2 \\ \end{array} \begin{array}{c} M & M \\ \end{array} \begin{array}{c} I \\ 1 \\ 9 \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \begin{array}{c} Y \\ Y $
City Chicago	State Zip Code IL 60666	Amount of Each Disbursement this Perio
Purpose of Disbursement Travel	002	319.40 Refund or Disposal of Excess
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	– [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
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EMIZED DISBURSEMENTS	for each category of the	check only one)
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y Information copied from such Reports and State for commercial purposes, other than using the nar		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		
Full Name (Last, First, Middle Initial) United Airlines		Transaction ID: D11566 Date of Disbursement
Mailing Address P.O. Box 66100		
City Chicago	State Zip Code IL 60666	Amount of Each Disbursement this Peri
Purpose of Disbursement Travel Candidate Name	Cate	22 Pegory/ Pe 49.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) United Airlines		Transaction ID: D11556 Date of Disbursement
Mailing Address P.O. Box 66100		
City Chicago	State Zip Code IL 60666	Amount of Each Disbursement this Peri
Purpose of Disbursement Travel	0	02 619.40 Refund or Disposal of Excess
Candidate Name		gory/ pe Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) US Airways		Transaction ID: D11538 Date of Disbursement
Mailing Address Crystal Park 4 3345 Crystal Dr.		
City Arlington	StateZip CodeVA22227	Amount of Each Disbursement this Peri
Purpose of Disbursement Travel	0	02 Refund or Disposal of Excess
Candidate Name	Cate	gory/ Contributions Required Under pe 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	[МЕМО ІТЕМ]
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SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
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NAME OF COMMITTEE (In Full)			
Friends of Patrick J. Kennedy Inc.			
Full Name (Last, First, Middle Initial) US Airways			Transaction ID: D11577 Date of Disbursement
Mailing Address Crystal Park 4 3345 Crystal Dr.			$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \stackrel{\text{M}}{2} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{10} \stackrel$
City Arlington	StateZip CodeVA22227		Amount of Each Disbursement this Perio
Purpose of Disbursement			425.40
Travel Candidate Name		002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial)			Transaction ID: D11562
US Airways			Date of Disbursement
Mailing Address Crystal Park 4 3345 Crystal Dr.			M 2 M / D 1 9 / Y 2 0 0 7 Y
City Arlington	State Zip Code VA 22227		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	497.40 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) US Airways			Transaction ID: D11550 Date of Disbursement
Mailing Address Crystal Park 4 3345 Crystal Dr.			12 <sup>M</sup> /19 <sup>Y</sup> /2007 <sup>Y</sup>
City Arlington	State Zip Code VA 22227		Amount of Each Disbursement this Perio
Purpose of Disbursement Travel		002	662.40 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM]
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55AN018	y)		FEC Schedule B (Form 3) (Revised

TEMIZED DISBURSEMENTS       for each category of the Detailed Summary Page       [CHEAK UNIVOUR)]         It       17       18       19a         Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting continue to commercial purposes, other than using the name and address of any political committee to solicit contributions from such corr         NAME OF COMMITTEE (in Full)       Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initia)       Verio Web Hosting         Mailing Address       1800 Old Okeechobee Rd.         City       State       Zip Code         Variate Rame       Disbursement         Office Sought:       House       Disbursement For:         Office Sought:       Disbursement For:       Primary         Other (specify)       Y       110         Verio Webtal       Transaction ID: D11517         Date of Disbursement       011         City       State       Disbursement         Purpose of Disbursement       Transaction ID: D11517         Date of Disbursement       Transaction ID: D11517         Date of Disbursement       12         Transaction ID: D11517       Tate of Disbursement         Transaction ID: D11517       Tate of Disbursement         City       S	Use separate schedule(s)	171 / 176
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes of Disbursement (12 / 1 / 13 / 14 / 14 / 14 / 14 / 14 / 14	for each category of the Detailed Summary Page     X     17     18     19a       20a     20b     20c	19b 21
NAME OF COMMITTEE (In Full)       Friends of Patrick J. Kennedy Inc.         Full Name (Last, First, Middle Initial)       Transaction ID: D11522         Verio Web Hosting       If 2 × / 1 3 / 2          Mailing Address       1800 Old Okeechobee Rd.         City       State       Zip Code         West Palm Beach       FL       33409         Purpose of Disbursement       001       Category/ Type         Office Sought:       House       Disbursement For:         Candidate Name       Disbursement For:       Primary         Office Sought:       House       Disbursement For:         District:       President       Other (specify)       Transaction ID: D11517         Date of Disbursement       If 2 × / 1 5 / 2        If 3 / 2          Full Name (Last, First, Middle Initial)       Transaction ID: D11517         Date of Disbursement       If 2 × / 1 5 / 2          City       State       Zip Code         Chicago       IL       60603         Purpose of Disbursement       Other (specify)       Amount of Each Disbursement         Travel       Category/ Type       If 2 × / 1 5 / 2          Office Sought:       House       Disbursement For:         Primary       General       Other (specify)		
Verio Web Hosting       Mailing Address       1800 Old Okeechobee Rd.         City       State       Zip Code         Weshie       001       Calingory         Candidate Name       001       Calegory         Office Sought:       House       Disbursement For:       Befund or Disposal of Ex         Office Sought:       House       Disbursement For:       General         Office Sought:       District:       Other (specify) ▼       Transaction ID: D11517         State:       District:       Other (specify) ▼       Amount of Each Disbursement         Mailing Address       172 West Adams St.       Transaction ID: D11517         City       State       Zip Code         Chricago       IL       G0022         Category/       Transaction ID: D11517         Date of Disbursement       Travel         Candidate Name       O022         Office Sought:       House       Disbursement For:         City       Senate       Other (specify) ▼       Amount of Each Disbursement         Mailing Ad	i (In Full)	
Mailing Address       1800 Old Okeechobee Rd.       12       19       12       10       10       10	Tansaction ID: D11022	
West Palm Beach       FL       33409         Purpose of Disbursement       001       Refund or Disposal of Ex         Candidate Name       001       Category'       Type         Office Sought:       House       Disbursement For:       011       C.F.R. 400.53         State:       District:       President       Other (specify)       Image: Contributions Required U         State:       District:       Transaction ID: D11517       Date of Disbursement         Mailing Address       172 West Adams St.       Image: Contributions Required U         City       State       Zip Code       Amount of Each Disbursement         Purpose of Disbursement       Travel       002       Category'         Travel       002       Category'       Type         Office Sought:       House       Disbursement For:       002         Candidate Name       Disbursement For:       002       Category'         Travel       Other (specify)       Image: Contributions Required U       112.F.R. 400.53         Office Sought:       House       Disbursement For:       Image: Contributions Required U       112.F.R. 400.53         Travel       Other (specify)        Tansaction ID: D11571       Date of Disbursement         VL DS An		2007 <sup>°</sup>
Website       001       Refund or Disposal of Exp         Candidate Name       01       Category/ Type       Contributions Required U         Office Sought:       House       Disbursement For:       Image: Contributions Required U       11 C.F.R. 400.53         State:       District:       Disbursement For:       Image: Contributions Required U       11 C.F.R. 400.53         Full Name (Last, First, Middle Initial)       W Hotel       Transaction ID: D11517       Date of Disbursement         Mailing Address       172 West Adams St.       002       Category/       Transaction ID: D11517         City       State       Zip Code       Contributions Required U       11 C.F.R. 400.53         Purpose of Disbursement       Travel       002       Category/       Travel         Candidate Name       Disbursement For:       002       Category/       Type         Office Sought:       House       Disbursement For:       Image: Code       Contributions Required U         VL Os Angeles       Disbursement For:       Other (specify)       Image: Code       Amount of Each Disbursement         Mailing Address       930 Hilgard Ave.       Code       Code       Amount of Each Disbursement         City       State       Disbursement For:       002       Transaction ID: D115		
Office Sought:       House President       Disbursement For: Primary General Other (specify) ▼       Image: Construct of the specify of the sp	001     Refund or Disposal of Exc       Category/     Contributions Required Ur       11 C E D 400 F3	
W Hotel       Image: Control biology of the second s	ouse Disbursement For: enate Primary General resident Other (specify) ▼	
City       State       Zip Code         Chicago       IL       60603         Purpose of Disbursement       002         Candidate Name       002         Candidate Name       002         Office Sought:       House         Senate       Disbursement For:         Senate       Primary         Other (specify)       ▼         Full Name (Last, First, Middle Initial)       Transaction ID: D11571         Date of Disbursement       Disbursement         Mailing Address       930 Hilgard Ave.         City       State       Zip Code         Category/       Type         Mailing Address       930 Hilgard Ave.         City       State       Zip Code         Candidate Name       Code         Office Sought:       House         Office Sought:       Disbursement For:         Candidate Name       Disbursement For:         Candidate Name       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         Senate       President       Other (specify)       V         State:       District:       Other (specify)       V </td <td>Date of Disbursement</td> <td></td>	Date of Disbursement	
Chicago       IL       60603         Purpose of Disbursement Travel       002 Category/ Type       Refund or Disposal of Exc Contributions Required U 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (specify) ▼       Image: Contributions Required U 11 C.F.R. 400.53         State:       District:       Primary       General Other (specify) ▼       Image: Contributions Required U 11 C.F.R. 400.53         Mailing Address       930 Hilgard Ave.       Image: Contributions Required U 11 C.F.R. 400.53       Image: Contributions Required U 11 C.F.R. 400.53         Mailing Address       930 Hilgard Ave.       Image: Contributions Required U 11 C.F.R. 400.53       Image: Contributions Required U 11 C.F.R. 400.53         City       State       Zip Code Contributions Required U 11 C.F.R. 400.53       Image: Contributions Required U 11 C.F.R. 400.53         Purpose of Disbursement Travel       002 Category/ Type       Amount of Each Disburseme Contributions Required U 11 C.F.R. 400.53         Office Sought:       House President       Disbursement For: Other (specify) ▼       Image: Contributions Required U 11 C.F.R. 400.53         State:       District:       Disbursement For: Primary       General Other (specify) ▼       Image: Contributions Required U 11 C.F.R. 400.53	West Adams St.	
Travel       002         Candidate Name       002         Candidate Name       Category/ Type         Office Sought:       House         Senate       President         Other (specify)       ✓         State:       District:         Full Name (Last, First, Middle Initial)       ✓         W Los Angeles       State         Mailing Address       930 Hilgard Ave.         City       State         Candidate Name       CA         Office Sought:       House         Office Sought:       Disbursement For:         Category/ Travel       002         Category/ Travel       Category/ Type         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         Office Sought:       Disbursement For:         President       Other (specify)       ✓         State:       District:	IL 60603	
Office Sought:       House       Disbursement For:       Type       I1 C.F.R. 400.53         Office Sought:       Senate       Primary       General       IMEMO ITEM]         State:       District:       Other (specify)       Image: Senate       Image: Senate       Image: Senate         Full Name (Last, First, Middle Initial)       Image: Senate       Other (specify)       Image: Senate	002 Refund or Disposal of Exc	
Office Sought:       House       Disbursement For:       General         President       Other (specify)       ✓         State:       District:       Transaction ID: D11571         Full Name (Last, First, Middle Initial)       W Los Angeles       Transaction ID: D11571         Mailing Address       930 Hilgard Ave.       12       19         City       State       Zip Code       Amount of Each Disbursement         Los Angeles       CA       90024       Purpose of Disbursement         Purpose of Disbursement       002       Category/       Refund or Disposal of Exc         Candidate Name       Disbursement For:       Senate       Primary       General         Office Sought:       House       Disbursement For:       General       Category/         State:       District:       Other (specify)       ✓       It C.F.R. 400.53         IMEMO ITEM]       Other (specify)       ✓       It C.F.R. 400.53	Type 11 C.F.R. 400.53	ıder
W Los Angeles       Date of Disbursement         Mailing Address       930 Hilgard Ave.         City       State       Zip Code         Los Angeles       CA       90024         Purpose of Disbursement       002         Travel       002         Candidate Name       002         Office Sought:       House         Pisbursement For:       Senate         President       Other (specify)         State:       District:	ouse Disbursement For: enate Primary General resident Other (specify) ▼	
City     State     Zip Code       Los Angeles     CA     90024       Purpose of Disbursement     002       Travel     002       Candidate Name     002       Office Sought:     House       Disbursement For:     President       President     Other (specify)       State:     District:	Date of Disbursement	
Los Angeles       CA       90024         Purpose of Disbursement       002         Travel       002         Candidate Name       002         Office Sought:       House         Disbursement For:       Senate         President       Other (specify)         State:       District:	Hilgard Ave.	2007 <sup>°</sup>
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Candidate Name       Category/ Type       Contributions Required U 11 C.F.R. 400.53         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ▼		003.34 ess
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	SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 172 / 176 (check only one)	
		Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21	
	Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) Washington Metro Mailing Address 600 Fifth St. NW		Transaction ID: D11524         Date of Disbursement         12       /         19       /         2007	
	2	State Zip Code DC 20001	Amount of Each Disbursement this Period	ł
	Purpose of Disbursement Travel	Г	38.00 002 Refund or Disposal of Excess	
	Candidate Name	C	Category/ Type Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: District:			

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FE5AN018		FEC Schedule B ( Form 3 ) (Revised 02/2003)

	SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUM (check only one)	
	Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.			
Α.	Full Name (Last, First, Middle Initial) Jay M. Cashman Mailing Address 549 South St. P.O. Box 692396		Da	ansaction ID: D11388 ate of Disbursement M 0 M / D 2 D / Y 2 0 0 7 Y
		tate Zip Code MA 02269		nount of Each Disbursement this Period 1400.00
	Candidate Name		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		nent For: 2008 Primary General Other (specify) ▼		

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FE5AN018		FEC Schedule B (Form 3) (Revised 02/2003)

	CHEDULE B (FEC Form 3 ) FEMIZED DISBURSEMENTS	for each of	arate schedule(s) category of the Summary Page	FOR LINE (check onl	NUMBER:     PAGE     174 / 176       ly one)     17     18     19a     19b       20a     20b     X     20c     21
	ny Information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.				
Α.	Full Name (Last, First, Middle Initial) Friends of Elaine Coderre Mailing Address 18 Angle St.				Transaction ID: D11684 Date of Disbursement
	City Pawtucket Purpose of Disbursement	State RI	Zip Code 02860		Amount of Each Disbursement this Period
	Refund of contribution Candidate Name			010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Dis Senate President State: District:	bursement For: X Primary Other (spe	2008 General ecify) ▼		

SUBTOTAL of Disbursements This Page (optional)	►	100.00
TOTAL This Period (last page this line number only)	►	100.00
FE5AN018		FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.	e and address of any political cor	nmittee to solicit contributions from such committee
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cor Mailing Address 430 South Capitol Stree		Transaction ID: D11502       Date of Disbursement       M 2 M     /     D 1 8     /     Y 2 0 0 7
City Washington Purpose of Disbursement Transfer to a National Political Party	State Zip Code DC 20003	Amount of Each Disbursement this Period 15000.00 011 Refund or Disposal of Excess
Candidate Name Office Sought: House Disburs	ement For:	011 ategory/ TypeRefund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District: Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼	Transaction ID: D11436
Meals on Wheels of Rhode Island Mailing Address 70 Bath St.		Date of Disbursement $\frac{M}{11} \frac{M}{11} \frac{D}{15} \frac{D}{15} \frac{V}{2007}$
City Providence Purpose of Disbursement Donation	State Zip Code RI 02908	Amount of Each Disbursement this Period 1000.00 012 ategory/ Amount of Each Disbursement this Period 1000.00
Candidate Name Office Sought:  House Disburs Senate President State: District:		ategory/     Contributions Required Under       Type     11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Ocean State Action		Transaction ID: D11484 Date of Disbursement
Mailing Address 99 Bald Hill Rd.		12 10 2007
City Cranston Purpose of Disbursement	State Zip Code RI 02920	Amount of Each Disbursement this Period 1000.00
Donation Candidate Name		012 ategory/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		17000.00
TOTAL This Period (last page this line number only	)	

<b>I</b> 7	Any Information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) Friends of Patrick J. Kennedy Inc.		(check onl	17     18     19a     19b       20a     20b     20c     X     21       for the purpose of soliciting contributions
۷ A.	Full Name (Last, First, Middle Initial) Rhode Island Democratic State Committ Mailing Address 249 Roosevelt Ave. Su			Transaction ID: D11425 Date of Disbursement $\begin{array}{c c} M & M \\ 1 & 1 \end{array} \begin{pmatrix} D & D \\ 1 & 2 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y \\ 2 & 0 & 0 \end{pmatrix}$
	City Pawtucket Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbur Senate President State: District:	State Zip Code RI 02860 sement For: Primary General Other (specify) ▼	011 Category/ Type	Amount of Each Disbursement this Period 1500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Β.	Full Name (Last, First, Middle Initial) Slater Mill Historic Site Mailing Address P.O. Box 696 City Pawtucket Purpose of Disbursement Donation Candidate Name Office Sought: House Disbur	State Zip Code RI 02862	012 Category/ Type	Transaction ID: D11451         Date of Disbursement         1       1       2       6       Y       2       0       7         Amount of Each Disbursement this Period         35.00         Refund or Disposal of Excess         Contributions Required Under         11 C.F.R. 400.53
	State: District:	Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	Þ	1535.00
TOTAL This Period (last page this line number only)	►	18535.00
FE5AN018		FEC Schedule B ( Form 3 ) (Revised 02/2003)