

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Friends of Patrick J. Kennedy Inc.

ADDRESS (number and street)
▼

P.O. Box 321

☐Check if different
than previously
reported. (ACC)

Pawtucket

RI

02860

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00326140

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

RI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William San Bento, Jr.

Signature of Treasurer Electronically Filed by William San Bento, Jr.

Date

01

31

2008

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Patrick J. Kennedy Inc.

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	220968.09	915604.97
(b) Total Contribution Refunds (from Line 20(d)).....	1600.00	15225.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	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 TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Friends of Patrick J. Kennedy Inc.

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 7**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

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.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

220968.09

915604.97

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

3222.78

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

7113.31

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

4482.36

21003.86

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

225450.45

946944.92

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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

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

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

Name of Candidate Patrick J. Kennedy		Candidate ID Number <div style="border: 1px solid black; padding: 2px;">H4RI01034</div>
Name of Principal Campaign Committee Friends of Patrick J. Kennedy Inc.		Committee ID Number <div style="border: 1px solid black; padding: 2px;">C C00326140</div>
Committee Address P.O. Box 321		
City Pawtucket	State RI	ZIP 02860
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<div style="border: 1px solid black; padding: 2px;">834594.92</div>	<div style="border: 1px solid black; padding: 2px;">112350.00</div>
2. Aggregate amount of contributions from personal funds of the candidate	<div style="border: 1px solid black; padding: 2px;">0.00</div>	<div style="border: 1px solid black; padding: 2px;">0.00</div>
3. Gross receipts minus the candidate's personal contributions	<div style="border: 1px solid black; padding: 2px;">834594.92</div>	<div style="border: 1px solid black; padding: 2px;">112350.00</div>

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

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

FOR LINE NUMBER: PAGE 6 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Richard Alcalde

Mailing Address 7442 Old Maple Sq.

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alcalde & Fay

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33731

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Nicholas Allard

Mailing Address 2550 M St. NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C33604

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jeffrey R. Alseth

Mailing Address 655 N. 57th Ave.

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33640

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

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 7 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

S. Murthy Badiga

Mailing Address 136 W. Hawk Ave.

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33720

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Valerie L. Baldwin

Mailing Address 608 Constitution Ave. NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C33585

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Gale G. Bataille

Mailing Address 7170 Saroni Dr.

City

Oakland

State

CA

Zip Code

94611

FEC ID number of contributing
federal political committee.

C

Name of Employer
County of San Mateo Mental
Health

Occupation
Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C33692

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Joseph R. Bateman

Mailing Address 106 Shoal Dr.

City

Carter Lake

State

IA

Zip Code

51510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Pacific Railroad

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33623

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Roger G. Bensinger

Mailing Address 40223 Tonapah Rd.

City

Rancho Mirage

State

CA

Zip Code

92270

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33553

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Paul C. Besozzi

Mailing Address 9722 Culver St.

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33580

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Tina B. Bodine

Mailing Address 159 Beechwood Dr

City

Cranston

State

RI

Zip Code

02921-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer
CVS

Occupation
Executive

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C33601

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Katharine R. Boyce

Mailing Address 106 West Rosemont Ave.

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C33606

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Martha B. Braunstein

Mailing Address 3612 John Marshall Drive

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1377.86

Date of Receipt

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

Transaction ID: C33733

Amount of Each Receipt this Period

1377.86

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Reception-Food

SUBTOTAL of Receipts This Page (optional)

2627.86

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 10 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Matthew Braunstein

Mailing Address 3612 John Marshall Drive

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
L3

Occupation

VP Govt. Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33572

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Matthew Braunstein

Mailing Address 3612 John Marshall Drive

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
L3

Occupation

VP Govt. Affairs

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33573

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Ellen L. Breyer

Mailing Address 2635 Newton Ave. South

City

Minneapolis

State

MN

Zip Code

55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hazelden

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C33653

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

William J. Burke

Mailing Address 3717 N. Vermont St.

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Group

Occupation

VP of Govt Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33662

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address PO Box 2673

City

McAllen

State

TX

Zip Code

78502-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33704

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Yolanda R. Cantu

Mailing Address 5400 N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Business Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33703

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6600.00

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 12 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jay M. Cashman

Mailing Address 549 South St.
P.O. Box 692396

City State Zip Code
Quincy MA 02269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jay Cashman Construction

Occupation
President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33539

Amount of Each Receipt this Period

2300.00

☐ 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

City State Zip Code
Quincy MA 02269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jay Cashman Construction

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33538

Amount of Each Receipt this Period

2700.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Refund issued this period

C.

Full Name (Last, First, Middle Initial)

James P. Cavanaugh

Mailing Address 1905 Harney St. Suite 710

City State Zip Code
Omaha NE 68102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33619

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
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) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Nicholas G. Cavarocchi

Mailing Address 817 G St. NW

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cavarocchi Ruscio Dennis
Associate

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33548

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Gavin M. Clingham

Mailing Address 5109 44th St. NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCI Group

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33700

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Thomas R. Coderre

Mailing Address P.O. Box 111

City

Pawtucket

State

RI

Zip Code

02862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faces & Voices of Recovery

Occupation

National Field Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33567

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

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 14 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Javier E. Cortinas

Mailing Address 1400 Northgate Ln.

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33715

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Daniel Daly

Mailing Address 4775 County Rd.

City

Fort Calhoun

State

NE

Zip Code

68023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Father Flanagan's Boys Ho-
me

Occupation

Director of Youth Care

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33615

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Douglas B. Davenport

Mailing Address 1155 23rd St Nw
Apt 5M

City

Washington

State

DC

Zip Code

20037-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCI Group LLC

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33575

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

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 15 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Diane De Noncour

Mailing Address 20 Riata Dr.

City

Lincoln

State

RI

Zip Code

02865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blackstone Valley Surgical

Occupation

R.N.

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33744

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Diane De Noncour

Mailing Address 20 Riata Dr.

City

Lincoln

State

RI

Zip Code

02865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blackstone Valley Surgical

Occupation

R.N.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33745

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Lyle Dennis

Mailing Address 11515 Noah's Landing Court

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cavarocchi Ruscio Dennis
Associate

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33550

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5100.00

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 16 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jean G. Denton

Mailing Address 15 9th St. SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copeland & Lowery

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33584

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Jean G. Denton

Mailing Address 15 9th St. SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Copeland & Lowery

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33583

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Dale P. Dirks

Mailing Address 507 Capitol Court NE
Suite 200

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health & Medicine Counsel
of Washi

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33542

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5100.00

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 17 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Eugenio G. Galindo Family Partnership

Mailing Address 2601 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33719

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Refund issued subsequent
period

B.

Full Name (Last, First, Middle Initial)
Curtis A. Field

Mailing Address 806 120th Ave.

City State Zip Code
Omaha NE 68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prochaska & Associates

Occupation
Architect

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33621

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

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

Mailing Address 818 Connecticut Ave. NW
Suite 1004

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forscey & Stinson

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33554

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

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 18 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Robert A. Forse

Mailing Address 8626 County Rd. P32

City

Fort Calhoun

State

NE

Zip Code

68023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creighton University Medi-
cal Center

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33617

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Craig R. Fox

Mailing Address 1309 Palisades Beach Rd.

City

Santa Monica

State

CA

Zip Code

90401

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA

Occupation
Associate Professor

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33656

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

David Geffen

Mailing Address 12011 San Vicente Blvd.
Suite 606

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dream Works Studios

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33571

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

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 19 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Lawrence R. Gelman

Mailing Address 3900 Sundown Dr.

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33714

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Cynthia C. Gonzalez

Mailing Address 2216 Fuente De Gozo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinkerman & Gonzalez

Occupation

Psychologist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33708

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Sandra L. Goodwin

Mailing Address P.O. Box 831

City

Applegate

State

CA

Zip Code

95703

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Institute for Mental
Health

Occupation

Executive Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33688

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3300.00

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 20 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

John K. Green

Mailing Address Lake Regency Bldg. Suite 100
444 Regency Parkway Dr.

City State Zip Code
Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33618

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Paul Greenberg

Mailing Address 10220 Old Columbia Rd.

City State Zip Code
Columbia MD 21046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beamhit

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33724

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Alfonso Guida, Jr.

Mailing Address 1818 13th St. NW

City State Zip Code
Washington DC 20009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guide Consulting

Occupation
President

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33563

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3550.00

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 21 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Mary T. Haddad

Mailing Address 4008 Burns Dr. South

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33710

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

J. Michael Hall

Mailing Address 900 26th Pl. South

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Associates LLC

Occupation

Principal

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C33560

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Laurence E. Harris

Mailing Address 10009 Chartwell Manor Court

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33605

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2350.00

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 22 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jill Y. Hopper

Mailing Address 8 Alexander St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
SRA

Occupation

Government Affairs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33578

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Alexis G. Horan

Mailing Address 1759 Park Rd. NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33590

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jose E. Igoa

Mailing Address P.O. Box 1986

City

McAllen

State

TX

Zip Code

78505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Psychiatrist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33716

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

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 23 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Charles S. Ingolia

Mailing Address 12300 Twinbrook Parkway
Suite 320

City State Zip Code
Rockville MD 20852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ntl Council for Community
Behavior

Occupation

VP Public Policy

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33569

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Jicarilla Apache Tribe

Mailing Address P.O. Box 507

City State Zip Code
Dulce NM 87528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33739

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Funds Permissible Under
the Act

C.

Full Name (Last, First, Middle Initial)

Elizabeth L. Keesal

Mailing Address 4 Portuguese Bend Rd.

City State Zip Code
Rolling Hills CA 90274

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33536

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

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 24 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Michael King

Mailing Address 15332 Antioch St. Suite 108

City

Pacific Palisades

State

CA

Zip Code

90272

FEC ID number of contributing
federal political committee.

C

Name of Employer
King World

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33663

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Dale K. Klatzker

Mailing Address 27 Peepload Rd

City

Scituate

State

RI

Zip Code

02857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Center

Occupation
CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33559

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Bret Koplow

Mailing Address 418 S. Capitol St. SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33609

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

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 25 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Alan G. Kraut

Mailing Address 8803 Cord Cir.

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Psychological So-
ciety

Occupation
Psychologist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33561

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Evelia Kudisch

Mailing Address P.O. Box 2078

City

McAllen

State

TX

Zip Code

78505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Family Guidance Ce-
nter

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33707

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Hossein Lahiji

Mailing Address 801 E. Nolana
Suite 20

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33718

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1250.00

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 26 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Gail K. Lieberfarb

Mailing Address 684 MacCulloch Dr.

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Mental Health Aw-
areness

Occupation

Chair

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C33658

Amount of Each Receipt this Period

1200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Gail K. Lieberfarb

Mailing Address 684 MacCulloch Dr.

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Mental Health Aw-
areness

Occupation

Chair

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C33657

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Warren Lieberfarb

Mailing Address 684 MacCulloch Dr.

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Lieberfarb & Assoc-
iates

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C33660

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2700.00

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 27 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Warren Lieberfarb

Mailing Address 684 MacCulloch Dr.

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Warren Lieberfarb & Assoc-
iates

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C33659

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Anne E. Linton

Mailing Address 4601 North Park Ave.
710

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33579

Amount of Each Receipt this Period

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

City

Harbor Springs

State

MI

Zip Code

49740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33729

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
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 only)

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

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

FOR LINE NUMBER: PAGE 28 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Steven C. Lockard

Mailing Address 8618 N. Farview Dr.

City

Scottsdale

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer
TPI Composites

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: C33672

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

LS Investments

Mailing Address 801 North Jackson Rd.

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33702

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Refund issued subsequent
period

C.

Full Name (Last, First, Middle Initial)

Carol A. McDaid

Mailing Address 2800 Woodley Rd.
Apt. 508

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Decisions Inc.

Occupation

Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33589

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

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 29 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Eileen M. McGrath

Mailing Address 201 MacArthur Rd.

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33591

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Gregory Mercurio, Jr.

Mailing Address 1800 Mineral Spring Ave.
P.O. Box 309

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biotechnology, Integration
& Manag

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33743

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Gregory Mercurio, Jr.

Mailing Address 1800 Mineral Spring Ave.
P.O. Box 309

City

North Providence

State

RI

Zip Code

02904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biotechnology, Integration
& Manag

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C33742

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 30 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Mark J. Mioduski

Mailing Address 2080 N Oakland St

City

Arlington

State

VA

Zip Code

22207-3667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cornerstone Govt. Affairs

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33546

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Mark Montella

Mailing Address 12 Anderson Dr.

City

Barrington

State

RI

Zip Code

02806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lifespan

Occupation

Senior Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33540

Amount of Each Receipt this Period

1250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Ron Ober

Mailing Address 10316 N. 50th St.

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green Tree Properties

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33669

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2250.00

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 31 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

George G. Olsen

Mailing Address 1155 21st St. NW Suite 300

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams & Jensen PLLC

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33558

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Miguel A. Oneto

Mailing Address 6804 N. 1st St.

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quality Radiology

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33730

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Paskenta Band of Nomlaki Indians

Mailing Address 1012 South St.

City

Orland

State

CA

Zip Code

95963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33636

Amount of Each Receipt this Period

2250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Funds Permissible Under
the Act

SUBTOTAL of Receipts This Page (optional)

3750.00

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 32 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Paskenta Band of Nomlaki Indians

Mailing Address 1012 South St.

City

Orland

State

CA

Zip Code

95963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33635

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Funds Permissible Under
the Act

B.

Full Name (Last, First, Middle Initial)

Diamantina G. Pena

Mailing Address 905 Huisache Court

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33721

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jose F. Pena

Mailing Address 100 Bluebird Ave.

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33709

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3800.00

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 33 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Kenneth A. Picerne

Mailing Address 30950 Rancho Viejo Rd.
Suite 200

City State Zip Code
San Juan Capistran CA 92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Picerne Associates

Occupation
Investor

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

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

Transaction ID: C33723

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Kenneth A. Picerne

Mailing Address 30950 Rancho Viejo Rd.
Suite 200

City State Zip Code
San Juan Capistran CA 92675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Picerne Associates

Occupation
Investor

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

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

Transaction ID: C33722

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

John P. Ragan

Mailing Address 307 E. Royal Palm Rd.

City State Zip Code
Phoenix AZ 85020

FEC ID number of contributing
federal political committee.

C

Name of Employer
TPI Composites

Occupation
Director, Military Programs

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

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

Transaction ID: C33668

Amount of Each Receipt this Period

1700.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6300.00

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 34 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

John P. Ragan

Mailing Address 307 E. Royal Palm Rd.

City

Phoenix

State

AZ

Zip Code

85020

FEC ID number of contributing
federal political committee.

C

Name of Employer
TPI Composites

Occupation

Director, Military Programs

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C33667

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Mary Kay Ragan

Mailing Address 14630 N. 48th Pl.

City

Scottsdale

State

AZ

Zip Code

85254

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33671

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Robert Reiner

Mailing Address c/o Cohen & Pivo
9171 Wilshire Blvd. Suite 400

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Rock Entertainment

Occupation

Film Director/Producer

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33674

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 176

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jeffrey Ricchetti

Mailing Address 4870E Old Dominion Dr.

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ricchetti Inc.Occupation
Consultant

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33647

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Jennifer Richter

Mailing Address 3136 Q St. NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs LLPOccupation
Attorney

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33608

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Larry D. Rosenthal

Mailing Address 6107 29th Street

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ietan ConsultingOccupation
Partner

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C33574

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3300.00

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 36 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Domenic Ruscio

Mailing Address 6100 Westchester Dr.
Apt. 1012

City State Zip Code
College Park MD 20740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cavarocchi Ruscio Dennis
Associate

Occupation
Partner

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33549

Amount of Each Receipt this Period

500.00

☐ 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.

City State Zip Code
Scottsdale AZ 85256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33678

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Funds Permissible Under
the Act

C.

Full Name (Last, First, Middle Initial)

Paul N. Samuels

Mailing Address 107 Morton St.
Apt. 5A

City State Zip Code
New York NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Legal Action Center

Occupation
Attorney

Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33625

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

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 37 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Elisa G. Sanchez

Mailing Address P.O. Box 4488

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Psychiatrist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33711

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Linda C. Scangarella

Mailing Address P.O. Box 5620

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark Scangarella Painting

Occupation

Office Manager

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Transaction ID: C33651

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Brett P. Smiley

Mailing Address 154 Arlington Ave.

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campaign Finance Officers

Occupation

President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Transaction ID: C33626

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Stuart P. Smith

Mailing Address 925 N. Rio Vista Blvd.

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33562

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Alice Sparks

Mailing Address 817 Squire Hills Dr.

City

Villa Hills

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: C33746

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Lisa A. Stewart

Mailing Address 4619 1/2-B MacArthur Blvd. NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacon Consulting Group
Inc.

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33547

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3300.00

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 39 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Barbara Sutton

Mailing Address 4 Franklin St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cassidy & Associates

Occupation

Govt. Relations Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C33577

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Barbara Sutton

Mailing Address 4 Franklin St.

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cassidy & Associates

Occupation

Govt. Relations Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C33576

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Mary Ann Taylon

Mailing Address 517 Laurel Dr.

City

Bellevue

State

NE

Zip Code

68005

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Transaction ID: C33616

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

750.00

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 40 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Patricia Taylor

Mailing Address 7121 Sycamore Ave.

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faces & Voices of Recovery

Occupation

Non-Profit Executive Director

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33565

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Douglas D. Tieman

Mailing Address 118 New York Ave.

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C33654

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Richard S. Van Horn

Mailing Address 3050 Motor Ave.

City

Los Angeles

State

CA

Zip Code

90064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mental Health Assoc. of
Greater LA

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C33655

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1750.00

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 41 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

George A. Vecchione

Mailing Address 300 Blackstone Ave.

City

Warwick

State

RI

Zip Code

02889

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeSpan

Occupation

President & CEO

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33541

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Alan D. Wheat

Mailing Address 836 West 51st St.

City

Kansas City

State

MO

Zip Code

64112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33732

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Letitia H. White

Mailing Address 13901 Piscataway Dr.

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Federal Strate-
gies

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33586

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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 42 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Ghazal & Associates LLC

Mailing Address 1331 H St. NW
Suite 701

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: C33581

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

LLC permissible funds see
below if itemized

B.

Full Name (Last, First, Middle Initial)
Jay C. Ghazal

Mailing Address 4870A Old Dominion Dr.

City State Zip Code
Arlington VA 22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ghazal & Associates LLC

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: C33639

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Ghazal & Associates LLC

Mailing Address 1331 H St. NW
Suite 701

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: C33582

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jay C. Ghazal

Mailing Address 4870A Old Dominion Dr.

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ghazal & Associates LLC

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID: C33638

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Trilogy Integrated Resources LLC

Mailing Address 1101 5th Ave. Suite 250

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33699

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

LLC permissible funds see
below if itemized

C.

Full Name (Last, First, Middle Initial)

Bruce Bronzan

Mailing Address 1101 5th Ave. Suite 250

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trilogy Integrated Resources LLC

Occupation
President

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33754

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Afshin Khasrawi

Mailing Address 1101 5th Ave. Suite 250

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trilogy Integrated Resources LLC

Occupation

CEO

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33753

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

113227.86

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

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

FOR LINE NUMBER: PAGE 45 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

AFPac (Arent Fox PLLC PAC)

Mailing Address 1050 Connecticut Avenue, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00241380

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33593

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

American Bankers Association PAC

Mailing Address 1120 Connecticut Ave., NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C33555

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

American Bankers Association PAC

Mailing Address 1120 Connecticut Ave., NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C33592

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5000.00

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 46 / 176

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology PAC

Mailing Address 2400 N St. NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.**C** C00375360

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33527

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

American College of Surgeons Professional Association PAC

Mailing Address 1640 Wisconsin Ave. NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.**C** C00382424

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	0	7

Transaction ID: C33630

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 - 14th Street, NW
Suite 1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00000729

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4413.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	0	7

Transaction ID: C33612

Amount of Each Receipt this Period

913.20

☐ 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)

3413.20

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 47 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 - 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4413.20

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33545

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 - 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4413.20

Date of Receipt

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

Transaction ID: C33740

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

American Dietetic Association PAC

Mailing Address 1120 Connecticut Ave. NW
Suite 201

City State Zip Code
Washington DC 20002

FEC ID number of contributing
federal political committee.

C C00143560

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33613

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3500.00

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 48 / 176

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Federation of State, County & Municipal Employees AFL-CIO

Mailing Address 1625 L Street, NW

City

Washington

State

DC

Zip Code

20036

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

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C33533

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

American Federation of Teachers Committee

Mailing Address 555 New Jersey Ave., NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00028860

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

Transaction ID: C33645

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

American Hospital Association PAC

Mailing Address 325 7th St. NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.**C** C00106146

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33587

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

7500.00

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 49 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Maritime Officers, Voluntary PAF

Mailing Address 650 Fourth Avenue

City

Brooklyn

State

NY

Zip Code

11232

FEC ID number of contributing
federal political committee.

C C00027532

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C33679

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

American Nurses Association PAC

Mailing Address 600 Maryland Ave SW
Suite 100 West

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.

C C00017525

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33570

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

American Occupational Therapy Assoc., Inc. PAC

Mailing Address 4720 Montgomery Ln.

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C C00089086

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C33652

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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 50 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Optometric Association PAC

Mailing Address 1505 Prince St., Suite 300

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00024968

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33631

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

American Optometric Association PAC

Mailing Address 1505 Prince St., Suite 300

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00024968

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33727

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Association for the Advancement of

Mailing Address Psychology Inc. PAC
P.O. Box 38129

City

Colorado Springs

State

CO

Zip Code

80937

FEC ID number of contributing
federal political committee.

C C00002956

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33532

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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 51 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Association of Trial Lawyers of America

Mailing Address 1050 31st Street, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C33680

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

BAE Systems USA PAC

Mailing Address 1215 Jefferson Davis Highway
Suite 1500

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C C00281212

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C33725

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Boilermakers-Blacksmiths LEAP

Mailing Address 753 State Avenue
Suite # 565

City

Kansas City

State

KS

Zip Code

66101

FEC ID number of contributing
federal political committee.

C C00005157

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: C33643

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4500.00

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 52 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Border Health Federal PAC

Mailing Address 1210 W. Espressway 83
Suite 10

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C C00415752

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C33705

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Brotherhood of Locomotive Engineers PAC

Mailing Address 1370 Ontario St.

City State Zip Code
Cleveland OH 44113

FEC ID number of contributing
federal political committee.

C C00099234

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C33751

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
CA Association of Marriage & Family Therapists

Mailing Address 555 Capitol Mall, Suite 201

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00346619

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C33650

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7700.00

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 53 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Caremark RX Inc. Employee's PAC

Mailing Address 2211 Sanders Road 10th Floor

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.**C** C00384818

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	7

Transaction ID: C33537

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Caremark RX Inc. Employee's PAC

Mailing Address 2211 Sanders Road 10th Floor

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.**C** C00384818

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C33602

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Carpenters' Legislative Improvement Committee

Mailing Address 101 Constitution Ave. NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00001016

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Transaction ID: C33629

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

8000.00

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 54 / 176

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Carpenters' Legislative Improvement Committee

Mailing Address 101 Constitution Ave. NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00001016

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Transaction ID: C33628

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians -Mutual Protection Trust (CAP-MPT) PAC

Mailing Address 333 S. Hope St. 8th Fl.

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.**C** C00161604

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C33673

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Drive Committee

Mailing Address 25 Louisiana Avenue, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00032979

Name of Employer

Occupation

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C33752

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

8000.00

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 55 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Friends of Elaine Coderre

Mailing Address 18 Angle St.

City

Pawtucket

State

RI

Zip Code

02860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C33764

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

Refund issued this period

B.

Full Name (Last, First, Middle Initial)

General Dynamics Voluntary Political Contribution Plan

Mailing Address 3190 Fairview Park Dr.

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

C00078451

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33534

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

General Dynamics Voluntary Political Contribution Plan

Mailing Address 3190 Fairview Park Dr.

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

C00078451

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: C33535

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2100.00

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 56 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political Contribution Plan

Mailing Address 3190 Fairview Park Dr.

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: C33627

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political Contribution Plan

Mailing Address 3190 Fairview Park Dr.

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33637

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
General Dynamics Voluntary Political Contribution Plan

Mailing Address 3190 Fairview Park Dr.

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

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

Transaction ID: C33681

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4000.00

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 57 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Greenberg, Taurig, PA PAC

Mailing Address 1221 Brickell Ave.

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing
federal political committee.

C C00266585

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33670

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Human Rights Campaign Fund PAC

Mailing Address 1101 14th. Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00235853

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33594

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

I.B.E.W.-C.O.P.E

Mailing Address 900 7th St. NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00027342

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: C33598

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4500.00

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 58 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
I.B.E.W.-C.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 C00027342

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: C33675

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
I.B.E.W.-C.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 C00027342

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: C33726

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
International Union of Operating Engineers PAC

Mailing Address 1125 17th St. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00029504

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y 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
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

10000.00

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 59 / 176

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Mailing Address 9000 Machinist Place

City	State	Zip Code
Upper Marlboro	MD	20772

FEC ID number of contributing
federal political committee. **C** C00002469

Name of Employer Occupation

 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 5000.00

Date of Receipt

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

Transaction ID: C33677

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
Microsoft Corporation PACMailing Address 16011 North East 36th Way
P.O. Box 97017

City	State	Zip Code
Redmond	WA	98073

FEC ID number of contributing
federal political committee. **C** C00227546

Name of Employer Occupation

 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 2	/	0 4	/	2 0 0 7

Transaction ID: C33644

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
National Association of Chain Drug Store

Mailing Address 413 N. Lee Street

City	State	Zip Code
Alexandria	VA	22134

FEC ID number of contributing
federal political committee. **C** C00022368

Name of Employer Occupation

 Receipt For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 250.00

Date of Receipt

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

Transaction ID: C33741

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6250.00

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

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

National Committee to Preserve Social Security & Medicare PAC

Mailing Address 10 G. St. NW Suite 600

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C C00172296

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33595

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

NRLCA PAC

Mailing Address 1360 Duke Street
4th Floor

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00072025

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: C33646

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

OPHTHPAC

Mailing Address 1101 Vermont Ave. NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: C33610

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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 61 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Patton Boggs PAC

Mailing Address 2550 M. St. NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing
federal political committee.**C** C00401083

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

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

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)
B.

Full Name (Last, First, Middle Initial)

Political Action Committee Of the American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Ave. NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.**C** C00343137

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

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)
C.

Full Name (Last, First, Middle Initial)

Psychiatric Solutions Inc. PAC

Mailing Address 6640 Carothers Parkway
Suite 500

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.**C** C00407684

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33697

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

3100.00

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 62 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Radiology Advocacy Alliance PAC

Mailing Address 1891 Preston White Dr.

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C C00343459

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C33544

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Raytheon PAC

Mailing Address 870 Winter St.

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33633

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Raytheon PAC

Mailing Address 870 Winter St.

City

Waltham

State

MA

Zip Code

02451

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33632

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3000.00

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 63 / 176

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 N. Michigan Ave.

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: C33634

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 N. Michigan Ave.

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C33664

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

SAIC VPAC

Mailing Address 10260 Campus Point Drive

City

San Diego

State

CA

Zip Code

92121

FEC ID number of contributing
federal political committee.

C C00300418

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33661

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

6000.00

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

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Society of Thoracic Surgeons PAC

Mailing Address 1025 Connecticut Ave. NW
Suite 1104

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00325936

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C33531

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

UAW V CAP

Mailing Address 8000 E. Jefferson

City State Zip Code
Detroit MI 48214

FEC ID number of contributing
federal political committee.

C C00002840

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C33676

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

United Food & Commercial Workers ABC

Mailing Address 1775 K St. NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C C00002766

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C33665

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7000.00

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Van Scoyoc Associates Inc. PAC

Mailing Address 101 Constitution Ave.
Suite 600 West

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing
federal political committee.**C** C00369058

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

847.03

Date of Receipt

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

Transaction ID: C33611

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER: PAGE 66 / 176

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 601 Washington St.

City

Stoughton

State

MA

Zip Code

02072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20876.42

Date of Receipt

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

Transaction ID: C33736

Amount of Each Receipt this Period

1516.17

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* Interest

B.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 601 Washington St.

City

Stoughton

State

MA

Zip Code

02072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20876.42

Date of Receipt

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

Transaction ID: C33737

Amount of Each Receipt this Period

1482.34

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* Interest

C.

Full Name (Last, First, Middle Initial)

Citizens Bank

Mailing Address 601 Washington St.

City

Stoughton

State

MA

Zip Code

02072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20876.42

Date of Receipt

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

Transaction ID: C33758

Amount of Each Receipt this Period

1479.52

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

* Interest

SUBTOTAL of Receipts This Page (optional)

4478.03

TOTAL This Period (last page this line number only)

4478.03

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Dental PAC</p> <p>Mailing Address 1111 - 14th Street, NW Suite 1100</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Reception-Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D11359</p> <p>Date of Disbursement <div> <div>10</div> <div>04</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>913.20</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Dental Political Education Fund</p> <p>Mailing Address 1111 14th St. NW Suite 1100</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Reception-Facilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D11447</p> <p>Date of Disbursement <div> <div>11</div> <div>19</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5500.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) American Express Merchant Services</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D11611</p> <p>Date of Disbursement <div> <div>10</div> <div>01</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>70.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

6483.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11401

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

4.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11614

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

87.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
American Express Merchant Services

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11617

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

4.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

96.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Express Merchant Services

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11682

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

87.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

American Express Merchant Services

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11616

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

4.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

ASAP Printing & Graphics

Mailing Address 2805 Mount Vernon Ave.

City
Alexandria

State
VA

Zip Code
22301

Purpose of Disbursement
Printing

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11285

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

1942.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2034.57

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Brian Barrie

Mailing Address 680 Serotina Ct.

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement
Consultant-Website

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11302

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Brian Barrie

Mailing Address 680 Serotina Ct.

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement
Consultant-Website

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11421

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Brian Barrie

Mailing Address 680 Serotina Ct.

City Mount Pleasant State SC Zip Code 29464

Purpose of Disbursement
Consultant-Website

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11472

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Blue Engine Message & Media LLC

Mailing Address 1300 Connecticut Ave. NW 6th Fl.

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Consultant-Media

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11419

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City
Rockville

State
MD

Zip Code
20850

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11311

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

443.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City
Rockville

State
MD

Zip Code
20850

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11406

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

443.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

15887.72

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City State Zip Code
 Rockville MD 20850

Purpose of Disbursement
 Travel

Candidate Name

002
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11414

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City State Zip Code
 Rockville MD 20850

Purpose of Disbursement
 Wages

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11431

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

443.86

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City State Zip Code
 Rockville MD 20850

Purpose of Disbursement
 Wages

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11458

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

443.86

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

907.72

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City State Zip Code
 Rockville MD 20850

Purpose of Disbursement
 Wages

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11492

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

443.86

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City State Zip Code
 Rockville MD 20850

Purpose of Disbursement
 Travel

Candidate Name

002
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11600

Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

45.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Adam Brand

Mailing Address 704 Crooked Creek Dr.

City State Zip Code
 Rockville MD 20850

Purpose of Disbursement
 Wages

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11610

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

443.86

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

932.72

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Martha B. Braunstein

Mailing Address 3612 John Marshall Drive

City State Zip Code
Arlington VA 22207

Purpose of Disbursement

Reception-Food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11463

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

1377.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* in-kind received

B.

Full Name (Last, First, Middle Initial)

Lisa Buterbaugh

Mailing Address 11 Exeter Rd.

City State Zip Code
North Kingstown RI 02852

Purpose of Disbursement

Reception - Decorations

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11318

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

410.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City State Zip Code
North Kingstown RI 02852

Purpose of Disbursement

Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11312

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

378.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2166.83

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11395

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

167.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11405

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

378.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11426

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

56.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

602.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11433

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

378.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11457

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

378.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11491

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

378.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1136.91

TOTAL This Period (last page this line number only)

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Paul A. Buterbaugh

Mailing Address 11 Exeter Rd.

City
North Kingstown

State
RI

Zip Code
02852

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11609

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

378.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11314

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

560.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City
Baltimore

State
MD

Zip Code
21279

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11439

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

560.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1498.97

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial)
Care First Blue Cross Blue Shield

Mailing Address P.O. Box 79749

City State Zip Code
Baltimore MD 21279

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11477

Date of Disbursement

/ /

Amount of Each Disbursement this Period

560.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Carlone's Florist

Mailing Address 16 Dexter St.

City State Zip Code
Portsmouth RI 02871

Purpose of Disbursement
Constituent expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

123.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Chubb Insurance

Mailing Address P.O. Box 7247-0180

City State Zip Code
Philadelphia PA 19170

Purpose of Disbursement
Insurance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11496

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6726.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7409.05

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Clarke Flower Shops Inc.

Mailing Address 398 Hope St.

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Constituent expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11423

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

119.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

District of Columbia

Mailing Address P.O. Box 7792
Ben Franklin Station

City
Washington

State
DC

Zip Code
20044

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11290

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

747.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

District of Columbia

Mailing Address P.O. Box 7792
Ben Franklin Station

City
Washington

State
DC

Zip Code
20044

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11418

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

883.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1749.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

District of Columbia

Mailing Address P.O. Box 7792
Ben Franklin Station

City Washington State DC Zip Code 20044

Purpose of Disbursement

Payroll taxes/withholdings

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11473

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

883.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Dutch Mill Catering

Mailing Address P.O. Box 41124

City Washington State DC Zip Code 20018

Purpose of Disbursement

Reception - Catering

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11303

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

338.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Emery's Catering

Mailing Address 24 Central St.

City Central Falls State RI Zip Code 02863

Purpose of Disbursement

Reception-Catering

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11424

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

579.31

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1800.56

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

ETS

Mailing Address 10 Pidgeon Hill Dr.
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11295

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

ETS

Mailing Address 10 Pidgeon Hill Dr.
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11294

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

30.52

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

ETS

Mailing Address 10 Pidgeon Hill Dr.
Suite 200

City Sterling State VA Zip Code 20165

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11408

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

148.71

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

209.23

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

ETS

Mailing Address 10 Pidgeon Hill Dr.
Suite 200

City State Zip Code
Sterling VA 20165

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11407

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

ETS

Mailing Address 10 Pidgeon Hill Dr.
Suite 200

City State Zip Code
Sterling VA 20165

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11475

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

30.78

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

ETS

Mailing Address 10 Pidgeon Hill Dr.
Suite 200

City State Zip Code
Sterling VA 20165

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11476

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

90.78

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address P.O. Box 360353

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11280

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

18.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address P.O. Box 360353

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11321

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

10.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address P.O. Box 360353

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11393

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

12.87

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

42.13

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address P.O. Box 360353

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11398

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

10.51

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address P.O. Box 360353

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11440

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

17.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address P.O. Box 360353

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11438

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

22.66

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

50.78

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 360353	Transaction ID: D11456 Date of Disbursement <div> <div>11</div> <div>26</div> <div>2007</div> </div>
City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>10.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 360353 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11469 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>36.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 360353 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11481 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>10.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

56.65

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Frame of Mine Inc.

Mailing Address 522 8th St. SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Photos

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11411

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

360.82

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11298

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

25.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11309

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1274.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1660.74

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11404

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1274.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11412

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

15.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11432

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

1274.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2563.54

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement

Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11442

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement

Wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11461

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

1274.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement

Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11478

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

80.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1429.22

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11490

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1274.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Francesca E. Gage

Mailing Address 1825 Vernon St. NW Apt. 46

City Washington State DC Zip Code 20009

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11608

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

1274.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Gourmet Caterers

Mailing Address 3867 Washington St.

City Roslindale State MA Zip Code 02131

Purpose of Disbursement
Reception - Catering

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11305

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

6479.54

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

9027.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jewish Voice & Herald

Mailing Address 130 Sessions St.

City
Providence

State
RI

Zip Code
02906

Purpose of Disbursement
Advertisement

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11487

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

324.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Christopher J. Kent

Mailing Address 9 Karen Ann Dr.

City
Smithfield

State
RI

Zip Code
02917

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11427

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

21.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Kieloch Consulting

Mailing Address 400 C. St. NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Office rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11279

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

945.50

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Kieloch Consulting

Mailing Address 400 C. St. NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Office rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11409

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Kieloch Consulting

Mailing Address 400 C. St. NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Office rent

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11464

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

600.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Matthew Siravo Memorial Foundation

Mailing Address P.O. Box 5300

City
Wakefield

State
RI

Zip Code
02880

Purpose of Disbursement
Advertisement

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11397

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

400.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

MCI Worldcom

Mailing Address P.O. Box 856053

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11282

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

75.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

MCI Worldcom

Mailing Address P.O. Box 856053

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11415

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

65.51

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

MCI Worldcom

Mailing Address P.O. Box 856053

City
Louisville

State
KY

Zip Code
40285

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11471

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

85.78

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

226.64

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11299

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11308

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

3020.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11313

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

8.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3088.15

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11403

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

3020.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11413

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City Washington State DC Zip Code 20002

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11430

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

3020.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6079.30

TOTAL This Period (last page this line number only)

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11444

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

149.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11460

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

3020.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11479

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

19.04

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3188.43

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11489

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

3020.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11599

Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Gregory M. Mecher

Mailing Address 1125 Maryland Ave. NE #6

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11607

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

3020.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6080.30

TOTAL This Period (last page this line number only)

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Walter C. Mey, Jr.

Mailing Address 170 Compton View Dr.

City Middletown State RI Zip Code 02842

Purpose of Disbursement
Reception - Parking

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11300

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

700.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Morin's Inc.

Mailing Address 95 Frank Mossberg Dr.

City South Attleboro State MA Zip Code 02703

Purpose of Disbursement
Constituent expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11468

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

344.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Mount Fuji Florist Inc.

Mailing Address 182 Academy Ave.

City Providence State RI Zip Code 02908

Purpose of Disbursement
Constituent expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11446

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

142.31

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1187.11

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Mount Fuji Florist Inc.

Mailing Address 182 Academy Ave.

City
Providence

State
RI

Zip Code
02908

Purpose of Disbursement
Constituent expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

143.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

NGEN LLC

Mailing Address 3142 Dumbarton St. NW

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
Computer Hardware

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

181.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

NGEN LLC

Mailing Address 3142 Dumbarton St. NW

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
Repairs & Maintenance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

217.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

542.13

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

NGEN LLC

Mailing Address 3142 Dumbarton St. NW

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
Repairs & Maintenance

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11602

Date of Disbursement

12 / 26 / 2007

Amount of Each Disbursement this Period

217.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

NGP Software

Mailing Address 5039 Connecticut Ave. NW
Suite 1A

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Computer software

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11301

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

O-N Radio, Inc.

Mailing Address 1 Social St.

City
Woonsocket

State
RI

Zip Code
02895

Purpose of Disbursement
Advertisement

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11500

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

75.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1492.50

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 15 Wall St.

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11465

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

82.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 1400 L St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11505

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

7800.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

RI Dept. of Employment & Training

Mailing Address One Capitol Hill Suite 36

City Providence State RI Zip Code 02908

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11322

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

224.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

8106.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Sonia Cleaning Service

Mailing Address 12150 Jennell Dr.

City Bristow State VA Zip Code 20136

Purpose of Disbursement
Office cleaning

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11310

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

45.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Sonia Cleaning Service

Mailing Address 12150 Jennell Dr.

City Bristow State VA Zip Code 20136

Purpose of Disbursement
Office cleaning

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11434

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

45.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Sonia Cleaning Service

Mailing Address 12150 Jennell Dr.

City Bristow State VA Zip Code 20136

Purpose of Disbursement
Office cleaning

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11493

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

45.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

137.16

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

State of Rhode Island

Mailing Address Division of Taxation
One Capitol Hill

City State Zip Code
Providence RI 02908

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11291

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

36.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

State of Rhode Island

Mailing Address Division of Taxation
One Capitol Hill

City State Zip Code
Providence RI 02908

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11417

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

17.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

State of Rhode Island

Mailing Address Division of Taxation
One Capitol Hill

City State Zip Code
Providence RI 02908

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11474

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

17.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

70.78

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Terri Alford

Mailing Address 3207 Chichester Lane

City State Zip Code
Fairfax VA 22031

Purpose of Disbursement
Travel & Constituent expense

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11304

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

381.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Towne House Flowers

Mailing Address 2555 Hartford Ave.

City State Zip Code
Johnston RI 02919

Purpose of Disbursement
Constituent expense

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11320

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

123.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City State Zip Code
Philadelphia PA 19170

Purpose of Disbursement
Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11281

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

35.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

540.27

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11297

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

67.78

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11316

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

23.37

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11399

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

20.63

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

111.78

TOTAL This Period (last page this line number only)

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11416

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

74.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11422

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

18.81

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address P.O. Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11452

Date of Disbursement

11 / 26 / 2007

Amount of Each Disbursement this Period

19.22

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

112.70

TOTAL This Period (last page this line number only)

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244	Transaction ID: D11499 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 7 / 2 0 0 7</div> </div>
City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>24.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11605 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>24.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) US Treasury Mailing Address Credit Accounting Branch 3700 East - West Highway City Hyattsville State MD Zip Code 20782 Purpose of Disbursement Payroll taxes/withholdings Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11296 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 5 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>4295.09</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4343.27

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

US Treasury

Mailing Address Credit Accounting Branch
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11325

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

16.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

US Treasury

Mailing Address Credit Accounting Branch
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11420

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

5056.84

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

US Treasury

Mailing Address Credit Accounting Branch
3700 East - West Highway

City Hyattsville State MD Zip Code 20782

Purpose of Disbursement
Payroll taxes/withholdings

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11486

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

5056.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

10129.69

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Van Scoyoc Associates Inc. PAC

Mailing Address 101 Constitution Ave.
Suite 600 West

City Washington State DC Zip Code 20001

Purpose of Disbursement
Reception-Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11358

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

847.03

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* in-kind received

B.

Full Name (Last, First, Middle Initial)

Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional services-Accounting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11292

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

7018.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional services-Accounting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11410

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

7000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

14865.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Verdolino & Lowey, P.C.

Mailing Address 124 Washington St. #101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement
Professional services-Accounting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11466

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

7000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11286

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

390.57

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address P.O. Box 41556

City Philadelphia State PA Zip Code 19101

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11324

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

131.07

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7521.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: D11389 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>48.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11400 Date of Disbursement <div> <div>10</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1020.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11441 Date of Disbursement <div> <div>11</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>123.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1192.43

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: D11454 Date of Disbursement <div> <div>11</div> <div>26</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>48.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11453 Date of Disbursement <div> <div>11</div> <div>26</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>611.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11497 Date of Disbursement <div> <div>12</div> <div>17</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>123.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

784.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556	Transaction ID: D11601 Date of Disbursement <div> <div>12</div> <div>26</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>66.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 41556 City Philadelphia State PA Zip Code 19101 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11606 Date of Disbursement <div> <div>12</div> <div>26</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>634.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 28007 City Lehigh Valley State PA Zip Code 18002 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11390 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>240.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

941.60

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 28007

City State Zip Code
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11394

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

81.18

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 28007

City State Zip Code
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11445

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

81.61

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 28007

City State Zip Code
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11449

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

218.35

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

381.14

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 28007

City State Zip Code
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11498

Date of Disbursement

/ /

Amount of Each Disbursement this Period

82.43

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 28007

City State Zip Code
 Lehigh Valley PA 18002

Purpose of Disbursement

Telephone

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11495

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.37

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Vickers' Liquors

Mailing Address 274 Bellevue Ave.

City State Zip Code
 Newport RI 02840

Purpose of Disbursement

Reception-Catering

Candidate Name

007

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11391

Date of Disbursement

/ /

Amount of Each Disbursement this Period

482.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

775.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

George Zainyeh

Mailing Address 433 Seaside Dr.

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11307

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

429.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

George Zainyeh

Mailing Address 433 Seaside Dr.

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11402

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

429.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

George Zainyeh

Mailing Address 433 Seaside Dr.

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11429

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

429.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1288.23

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

George Zainyeh

Mailing Address 433 Seaside Dr.

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11459

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

429.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

George Zainyeh

Mailing Address 433 Seaside Dr.

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11488

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

429.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

George Zainyeh

Mailing Address 433 Seaside Dr.

City
Jamestown

State
RI

Zip Code
02835

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11503

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

429.41

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1288.23

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11283

Date of Disbursement

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

Amount of Each Disbursement this Period

228.87

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
B.

Full Name (Last, First, Middle Initial)

Marriott

Mailing Address 32 Exchange Terrace

City
ProvidenceState
RIZip Code
02903Purpose of Disbursement
Travel

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11284

Date of Disbursement

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

Amount of Each Disbursement this Period

228.87

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11306

Date of Disbursement

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

Amount of Each Disbursement this Period

4736.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4965.48

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Service charge

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11349

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Bistro Bis

Mailing Address 15 E St. NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Reception-Catering

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11366

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

748.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

BWI Garage

Mailing Address BWI Airport

City
Linthicum

State
MD

Zip Code
21090

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11386

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

36.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BWI Garage</p> <p>Mailing Address BWI Airport</p> <p>City Linthicum State MD Zip Code 21090</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D11384</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Carroll Travel</p> <p>Mailing Address 201 Massachusetts Ave. NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D11368</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Citgo/7-Eleven</p> <p>Mailing Address 135 JT Connell Highway</p> <p>City Newport State RI Zip Code 02840</p> <p>Purpose of Disbursement Newspapers-Periodicals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D11385</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.49"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11329

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

3.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11335

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

2.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11337

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

2.81

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11373

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

3.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11343

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

3.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11375

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers/Periodicals

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11378

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11372

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11374

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

2.81

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11326

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

6.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Cumberland Farms

Mailing Address 1812 E Main Rd.

City Portsmouth State RI Zip Code 02871

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11336

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

7.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Haute on the Hill

Mailing Address Rayburn House Office Bldg.
B339B

City Washington State DC Zip Code 20515

Purpose of Disbursement
Reception-Catering

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11367

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1261.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Hertz Car Rental

Mailing Address 544 Airport Rd.

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11382

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

44.88

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Italian Store

Mailing Address 3123 Lee Hwy

City
Arlington

State
VA

Zip Code
22201

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11356

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

106.12

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Marriott

Mailing Address 32 Exchange Terrace

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11363

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

47.39

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)
Pineapple Inn

Mailing Address 372 Coddington Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11379

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

225.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 90 Power Rd.

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11355

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

82.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Shell

Mailing Address 138 Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11348

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

39.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11376

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

53.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 7380 Post Rd.

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement

Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11365

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

43.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11327

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

39.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Shell	Transaction ID: D11387 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
Mailing Address 138 Connell Highway	
City Newport State RI Zip Code 02840	Amount of Each Disbursement this Period <div>21.45</div>
Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>002</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Shell	Transaction ID: D11351 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
Mailing Address 2525 East Main Rd.	
City Portsmouth State RI Zip Code 02871	Amount of Each Disbursement this Period <div>53.80</div>
Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>002</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Shell	Transaction ID: D11338 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
Mailing Address 138 Connell Highway	
City Newport State RI Zip Code 02840	Amount of Each Disbursement this Period <div>21.80</div>
Purpose of Disbursement Gasoline	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>002</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 138 Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11357

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

41.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 3319 Post Rd.

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11333

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

41.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 138 Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11377

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

42.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Shell Mailing Address 3319 Post Rd.	Transaction ID: D11383 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Warwick State RI Zip Code 02886 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>13.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Shell Mailing Address 3319 Post Rd.	Transaction ID: D11353 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Warwick State RI Zip Code 02886 Purpose of Disbursement Newspapers-Periodicals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>3.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Shell Mailing Address 3319 Post Rd.	Transaction ID: D11345 Date of Disbursement <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City Warwick State RI Zip Code 02886 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>29.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 3319 Post Rd.

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11342

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

41.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 3319 Post Rd.

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11340

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

34.55

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11362

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

248.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11361

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

248.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address 35 Cedar St.

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11381

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

21.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11369

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

356.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D11346
Mailing Address 1800 Old Okeechobee Rd.	Date of Disbursement
City West Palm Beach State FL Zip Code 33409	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
Purpose of Disbursement Website	Amount of Each Disbursement this Period
Candidate Name	<div>149.85</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
001 Category/ Type	
B. Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D11330
Mailing Address 1800 Old Okeechobee Rd.	Date of Disbursement
City West Palm Beach State FL Zip Code 33409	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
Purpose of Disbursement Website	Amount of Each Disbursement this Period
Candidate Name	<div>99.95</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
001 Category/ Type	
C. Full Name (Last, First, Middle Initial) Washington Metro	Transaction ID: D11341
Mailing Address 600 Fifth St. NW	Date of Disbursement
City Washington State DC Zip Code 20001	<div> <div>10</div> <div>10</div> <div>2007</div> </div>
Purpose of Disbursement Travel	Amount of Each Disbursement this Period
Candidate Name	<div>31.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
002 Category/ Type	
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 1270	Transaction ID: D11392 Date of Disbursement <div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>820.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Home Depot Mailing Address 63 Chases Ln. City Middletown State RI Zip Code 02842 Purpose of Disbursement Reception-Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11618 Date of Disbursement <div>10</div> <div>22</div> <div>2007</div> Amount of Each Disbursement this Period <div>820.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11428 Date of Disbursement <div>11</div> <div>12</div> <div>2007</div> Amount of Each Disbursement this Period <div>5499.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6319.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4255 Amon Carter Blvd.

City
Fort Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11647

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

216.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4255 Amon Carter Blvd.

City
Fort Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11666

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

237.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4255 Amon Carter Blvd.

City
Fort Worth

State
TX

Zip Code
76155

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11667

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

237.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 110 N. Carolina Ave. SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11663

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

211.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 110 N. Carolina Ave. SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11662

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

376.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11668

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11674

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11637

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

2.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11659

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

2.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11653

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

3.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11651

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

3.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11673

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers/Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11631

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

2.81

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Newspapers/Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11632

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

6.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Gasoline

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11649

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

40.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.	Full Name (Last, First, Middle Initial) Citgo	Transaction ID: D11643 Date of Disbursement MM / DD / YYYY 11 / 12 / 2007
Mailing Address 726 Aquidneck Ave.		
City Middletown State RI Zip Code 02842		Amount of Each Disbursement this Period 8.59
Purpose of Disbursement Newspapers-Periodicals Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> 001 Category/Type [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Citgo	Transaction ID: D11642 Date of Disbursement MM / DD / YYYY 11 / 12 / 2007
Mailing Address 726 Aquidneck Ave.		
City Middletown State RI Zip Code 02842		Amount of Each Disbursement this Period 3.34
Purpose of Disbursement Newspapers-Periodicals Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> 001 Category/Type [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Citgo	Transaction ID: D11640 Date of Disbursement MM / DD / YYYY 11 / 12 / 2007
Mailing Address 726 Aquidneck Ave.		
City Middletown State RI Zip Code 02842		Amount of Each Disbursement this Period 1.75
Purpose of Disbursement Newspapers-Periodicals Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<input type="checkbox"/> 001 Category/Type [MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11635

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

3.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Courtyard Marriott

Mailing Address 275 Tremont St.

City
Boston

State
MA

Zip Code
02116

Purpose of Disbursement
Travel credit

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11681

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

-28.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Cumberland Farms

Mailing Address 1812 E Main Rd.

City
Portsmouth

State
RI

Zip Code
02871

Purpose of Disbursement
Newspapers/Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11626

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

3.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Gregg's Restaurant

Mailing Address 1303 N. Main St.

City
Providence

State
RI

Zip Code
02904

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11665

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

55.16

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Legal Seafoods

Mailing Address 2099 Post Rd.

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11658

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

71.81

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Marriott

Mailing Address 32 Exchange Terrace

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11661

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

38.29

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

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 NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Shell Mailing Address 138 Connell Highway	Transaction ID: D11672 Date of Disbursement <div> <div>11</div> <div>12</div> <div>2007</div> </div>
City Newport State RI Zip Code 02840 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>23.20</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Shell Mailing Address 3319 Post Rd. City Warwick State RI Zip Code 02886 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11627 Date of Disbursement <div> <div>11</div> <div>12</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>27.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Shell Mailing Address 138 Connell Highway City Newport State RI Zip Code 02840 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11636 Date of Disbursement <div> <div>11</div> <div>12</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>29.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 138 Connell Highway

City
Newport

State
RI

Zip Code
02840

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11655

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

24.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 3319 Post Rd.

City
Warwick

State
RI

Zip Code
02886

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11652

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

20.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11654

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

18.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 138 Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11633

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

40.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 2525 East Main Rd.

City Portsmouth State RI Zip Code 02871

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11638

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

25.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 2525 East Main Rd.

City Portsmouth State RI Zip Code 02871

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11671

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

29.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City
Middletown

State
RI

Zip Code
02842

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11622

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

40.25

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sonoma Restaurant

Mailing Address 223 Pennsylvania Ave. SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11664

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

201.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11679

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

253.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11678

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

253.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11677

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1198.20

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11676

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

475.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Verio Web Hosting

Mailing Address 1800 Old Okeechobee Rd.

City State Zip Code
West Palm Beach FL 33409

Purpose of Disbursement
Website

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11634

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

99.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Washington Metro

Mailing Address 600 Fifth St. NW

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11630

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Washington Metro

Mailing Address 600 Fifth St. NW

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11675

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11437

Date of Disbursement

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

Amount of Each Disbursement this Period

170.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Credit Card - See below if Itemized

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11448

Date of Disbursement

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

Amount of Each Disbursement this Period

40.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City
MiddletownState
RIZip Code
02842Purpose of Disbursement
Gasoline

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11619

Date of Disbursement

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

Amount of Each Disbursement this Period

40.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

210.96

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Credit Card - See below if Itemized

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11455

Date of Disbursement

11 / 26 / 2007

Amount of Each Disbursement this Period

100.27

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11501

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

1770.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1001 Cass St.

City
Omaha

State
NE

Zip Code
68102

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11508

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

207.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1870.51

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Stub Hub

Mailing Address 199 Fremont St.
Suite 300

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Reception-Entertainment

Candidate Name

007
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11507

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

212.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Surroundings Florist

Mailing Address Shaker Pine Plaza

City State Zip Code
Albany NY 12205

Purpose of Disbursement
Reception-Flowers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11509

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

82.91

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Surroundings Florist

Mailing Address Shaker Pine Plaza

City State Zip Code
Albany NY 12205

Purpose of Disbursement
Reception-Flowers

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11510

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

126.26

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Surroundings Florist

Mailing Address Shaker Pine Plaza

City Albany State NY Zip Code 12205

Purpose of Disbursement
Reception-Flowers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11511

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

126.26

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

W Los Angeles

Mailing Address 930 Hilgard Ave.

City Los Angeles State CA Zip Code 90024

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11512

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

1014.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11504

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

267.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

267.24

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Marriott

Mailing Address 32 Exchange Terrace

City
Providence

State
RI

Zip Code
02903

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11514

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

256.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
Credit Card - See Below if Itemized

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11506

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

11203.43

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

21C Hotel

Mailing Address 700 West Main St.

City
Louisville

State
KY

Zip Code
40202

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11531

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

301.98

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

11203.43

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

American Airlines

Mailing Address 4255 Amon Carter Blvd.

City State Zip Code
Fort Worth TX 76155

Purpose of Disbursement

Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11587

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

782.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 1270

City State Zip Code
Newark NJ 07101

Purpose of Disbursement

Service charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11547

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 110 N. Carolina Ave. SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11570

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Camilles Sidewalk Cafe

Mailing Address 2600 E Southlake Blvd.

City
Fort Worth

State
TX

Zip Code
76117

Purpose of Disbursement
Meeting expense

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11565

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

258.99

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Capitol Hill Suites

Mailing Address 200 C St. NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11594

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

170.61

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11591

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11540

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11552

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11558

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11563

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11573

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11584

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11588

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11578

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11593

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

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

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: D11567

Date of Disbursement

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

Amount of Each Disbursement this Period

3.56

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Citgo/7-Eleven

Mailing Address 135 JT Connell Highway

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

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: D11564

Date of Disbursement

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

Amount of Each Disbursement this Period

3.13

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown	State RI	Zip Code 02842
--------------------	-------------	-------------------

Purpose of Disbursement
Newspapers-Periodicals

Candidate Name

001
Category/ Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Transaction ID: D11553

Date of Disbursement

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

Amount of Each Disbursement this Period

9.24

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11586

Date of Disbursement

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

Amount of Each Disbursement this Period

32.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Newspapers-Periodicals

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11539

Date of Disbursement

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

Amount of Each Disbursement this Period

2.70

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Newspapers-Periodicals

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11535

Date of Disbursement

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

Amount of Each Disbursement this Period

8.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Newspapers-Periodicals

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11529

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

4.72

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11543

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

45.55

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 726 Aquidneck Ave.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11528

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

47.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Courtyard Marriott

Mailing Address 275 Tremont St.

City
Boston

State
MA

Zip Code
02116

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11596

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

279.39

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Courtyard Marriott

Mailing Address 275 Tremont St.

City
Boston

State
MA

Zip Code
02116

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11595

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

247.39

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Cumberland Farms

Mailing Address 1812 E Main Rd.

City
Portsmouth

State
RI

Zip Code
02871

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11520

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

14.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Cumberland Farms

Mailing Address 1812 E Main Rd.

City
Portsmouth

State
RI

Zip Code
02871

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11533

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

31.10

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Embassy Suites

Mailing Address 101 East Locust St.

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11590

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

443.33

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hilton Hotel

Mailing Address 1001 Cass St.

City
Omaha

State
NE

Zip Code
68102

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11521

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

207.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Hilton Hotel Mailing Address 1001 Cass St.	Transaction ID: D11526 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Omaha State NE Zip Code 68102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>503.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Italian Store Mailing Address 3123 Lee Hwy City Arlington State VA Zip Code 22201 Purpose of Disbursement Meeting expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11551 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>80.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Marriott Mailing Address 32 Exchange Terrace City Providence State RI Zip Code 02903 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D11559 Date of Disbursement <div> <div>12</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>211.92</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Northwest Airlines

Mailing Address 801 Greenwich Ave.

City State Zip Code
Eagan MN 55121

Purpose of Disbursement

Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11582

Date of Disbursement

/ /

Amount of Each Disbursement this Period

746.30

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 2525 East Main Rd.

City State Zip Code
Portsmouth RI 02871

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11554

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

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

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11568

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.35

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 207 East Main Rd.

City Middletown State RI Zip Code 02842

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

38.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 138 Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11572

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.65

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 138 Connell Highway

City Newport State RI Zip Code 02840

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11560

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

36.85

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shell

Mailing Address 7380 Post Rd.

City North Kingstown State RI Zip Code 02852

Purpose of Disbursement

Gasoline

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11592

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

46.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sheraton Grand Hotel

Mailing Address 818 15th St.

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11569

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

258.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11549

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

209.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Southwest Airlines

Mailing Address P.O. Box 36611

City
Dallas

State
TX

Zip Code
75235

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11548

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

209.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City
Chicago

State
IL

Zip Code
60666

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11537

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

319.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City
Chicago

State
IL

Zip Code
60666

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11566

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

49.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address P.O. Box 66100

City
Chicago

State
IL

Zip Code
60666

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11556

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

619.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City
Arlington

State
VA

Zip Code
22227

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11538

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

497.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11577

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

425.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11562

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

497.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

US Airways

Mailing Address Crystal Park 4
3345 Crystal Dr.

City Arlington State VA Zip Code 22227

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11550

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

662.40

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A. Full Name (Last, First, Middle Initial) Verio Web Hosting	Transaction ID: D11522 Date of Disbursement
Mailing Address 1800 Old Okeechobee Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City West Palm Beach State FL Zip Code 33409	Amount of Each Disbursement this Period
Purpose of Disbursement Website Candidate Name <div> <div>001</div> <div>Category/Type</div> </div>	<div> <div>99.95</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) W Hotel	Transaction ID: D11517 Date of Disbursement
Mailing Address 172 West Adams St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Chicago State IL Zip Code 60603	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	<div> <div>381.54</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) W Los Angeles	Transaction ID: D11571 Date of Disbursement
Mailing Address 930 Hilgard Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 9 / 2 0 0 7</div> </div>
City Los Angeles State CA Zip Code 90024	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	<div> <div>1003.34</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Washington Metro

Mailing Address 600 Fifth St. NW

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11524

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2007

Amount of Each Disbursement this Period

38.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

161194.73

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Jay M. Cashman

Mailing Address 549 South St.
P.O. Box 692396

City Quincy State MA Zip Code 02269

Purpose of Disbursement
Refund of excessive contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11388

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1400.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

1400.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Friends of Elaine Coderre

Mailing Address 18 Angle St.

City
Pawtucket

State
RI

Zip Code
02860

Purpose of Disbursement
Refund of contribution

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11684

Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Transfer to a National Political Party

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11502

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Meals on Wheels of Rhode Island

Mailing Address 70 Bath St.

City
ProvidenceState
RIZip Code
02908Purpose of Disbursement
Donation

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Ocean State Action

Mailing Address 99 Bald Hill Rd.

City
CranstonState
RIZip Code
02920Purpose of Disbursement
Donation

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D11484

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

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

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

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)

Friends of Patrick J. Kennedy Inc.

A.

Full Name (Last, First, Middle Initial)

Rhode Island Democratic State Committee

Mailing Address 249 Roosevelt Ave. Suite 202

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11425

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Slater Mill Historic Site

Mailing Address P.O. Box 696

City Pawtucket State RI Zip Code 02862

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D11451

Date of Disbursement

11 / 26 / 2007

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1535.00

TOTAL This Period (last page this line number only)

18535.00