

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
**Narragansett Bay PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Judith Zamore

Signature of Treasurer Judith Zamore [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Narragansett Bay PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="19947.25"/>	<input type="text" value="19947.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35555.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="128975.00"/>	<input type="text" value="236475.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="164530.35"/>	<input type="text" value="256422.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="145630.43"/>	<input type="text" value="237522.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18899.92"/>	<input type="text" value="18899.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**Narragansett Bay PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17475.00	27975.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17475.00	27975.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	111500.00	208500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	128975.00	236475.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	128975.00	236475.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	128975.00	236475.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	48130.43	75522.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	48130.43	75522.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	159500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	2500.00	2500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.00	2500.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	145630.43	237522.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145630.43	237522.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	128975.00	236475.00
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	126475.00	233975.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	48130.43	75522.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48130.43	75522.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Narragansett Bay PAC**

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

Mailing Address 116 Queen St

City Alexandria State VA Zip Code 22314-2611

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

Name of Employer Ervin/Hill Strategy Occupation Chairman, CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : VR0C3B6NDM3**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 6918 Bonheim Ct

City Mc Lean State VA Zip Code 22101-5100

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

Name of Employer Not Employed Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : VR0C3BP8Z94**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1628 S St NW Apt 2

City Washington State DC Zip Code 20009-6407

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

Name of Employer Self-Employed Occupation Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : VR0C3BP8Z94**

Amount of Each Receipt this Period  
2500.00

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
08 / 23 / 2015  
**Transaction ID : VR0C3BP8Z94E**

Amount of Each Receipt this Period  
2500.00

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

Full Name (Last, First, Middle Initial)  
**B. The Punaro Group, LLC**

Mailing Address 1313 Dolley Madison Blvd Ste 404

City Mc Lean State VA Zip Code 22101-3926

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
07 / 24 / 2015  
**Transaction ID : VR0C3B6N625**

Amount of Each Receipt this Period  
2500.00

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 6918 Bonheim Ct

City Mc Lean State VA Zip Code 22101-5100

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

Name of Employer Occupation  
Not Employed Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
07 / 24 / 2015  
**Transaction ID : VR0C3B6NAH2**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. Alfred Carpionato</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2015 <b>Transaction ID : VR0C3B6N1Q9</b>
Mailing Address 1414 Atwood Ave		Amount of Each Receipt this Period 3975.00
City Johnston	State RI	Zip Code 02919-4839
FEC ID number of contributing federal political committee. C	Name of Employer Carpionato Group, Inc.	Occupation President & CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3975.00	* In-Kind: Venue Rental

Full Name (Last, First, Middle Initial) <b>B. Sycuan Band of the Kumeyaay Nation</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2015 <b>Transaction ID : VR0C3B6MSS9</b>
Mailing Address 5459 Sycuan Rd		Amount of Each Receipt this Period 2500.00
City El Cajon	State CA	Zip Code 92019-1821
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Bonnie Hogue Duffy</b>		Date of Receipt MM / DD / YYYY 08 / 03 / 2015 <b>Transaction ID : VR0C3B6N9V9</b>
Mailing Address 4128 Leland St		Amount of Each Receipt this Period 1000.00
City Chevy Chase	State MD	Zip Code 20815-5034
FEC ID number of contributing federal political committee. C	Name of Employer NVG, LLC	Occupation Senior Advisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17475.00



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

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

FOR LINE NUMBER: PAGE 9 OF 50  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)  
**A. Fluor Corporation PAC**  
 Mailing Address 6700 Las Colinas Blvd  
 City Irving State TX Zip Code 75039-2902  
 FEC ID number of contributing federal political committee. **C** C00034132  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : VR0C3B7F800**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. American Academy of Dermatology Assoc. Political Action Committee (SkinPAC)**  
 Mailing Address 1445 New York Ave NW  
 Ste 800  
 City Washington State DC Zip Code 20005-2125  
 FEC ID number of contributing federal political committee. **C** C00359539  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : VR0C3B6N200**  
 Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. BAE Systems Inc. Political Action Committee (BAE Systems USA PAC)**  
 Mailing Address 1101 Wilson Blvd  
 City Arlington State VA Zip Code 22209-2211  
 FEC ID number of contributing federal political committee. **C** C00281212  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2015  
**Transaction ID : VR0C3EJNT00**  
 Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 15000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. International Securities Exchange PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2015 <b>Transaction ID : VR0C3B6N310</b>
Mailing Address 60 Broad St FI 26		Amount of Each Receipt this Period 1500.00
City New York	State Zip Code NY 10004-4138	
FEC ID number of contributing federal political committee. C C00382226		Aggregate Year-to-Date ▼ 3000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Union Pacific Corp. Fund for Effective Government</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015 <b>Transaction ID : VR0C3CCJSE0</b>
Mailing Address 700 13th St NW Ste 350		Amount of Each Receipt this Period 5000.00
City Washington	State Zip Code DC 20005-3960	
FEC ID number of contributing federal political committee. C C00010470		Aggregate Year-to-Date ▼ 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Citizens Financial Group Inc. PAC</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2015 <b>Transaction ID : VR0C3B6NCM0</b>
Mailing Address 1 Citizens Plz C/o Kenneth W. Robinson, Treasurer		Amount of Each Receipt this Period 5000.00
City Providence	State Zip Code RI 02903-1344	
FEC ID number of contributing federal political committee. C C00307249		Aggregate Year-to-Date ▼ 5000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	11500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

**A. American Dental PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 14th St NW  
 Ste 1100  
 City Washington State DC Zip Code 20005-5683  
 FEC ID number of contributing federal political committee. **C** C00000729  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2015  
**Transaction ID : VR0C3B6N3Y0**  
 Amount of Each Receipt this Period  
 5000.00

**B. JPMorgan Chase & Co. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Ave NW  
 Ste 700  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C** C00104299  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2015  
**Transaction ID : VR0C3ED20G1**  
 Amount of Each Receipt this Period  
 2000.00

**C. Massachusetts Mutual Life PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1295 State St  
 City Springfield State MA Zip Code 01111-0001  
 FEC ID number of contributing federal political committee. **C** C00118943  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2015  
**Transaction ID : VR0C3EMFPZ1**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. Bank of America Corporation Federal PAC</b>		Date of Receipt
Mailing Address 1455 Pennsylvania Ave NW DC8-455-09-01		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20004-1008
FEC ID number of contributing federal political committee. <b>C</b> C00364778		<b>Transaction ID : VR0C3E91TZ1</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="3500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Microsoft Corporation PAC</b>		Date of Receipt
Mailing Address 16011 NE 36th Way # 97017		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Redmond	State WA	Zip Code 98052-6301
FEC ID number of contributing federal political committee. <b>C</b> C00227546		<b>Transaction ID : VR0C3EF7762</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. General Dynamics Corporation Political Action Committee (GDC PAC)</b>		Date of Receipt
Mailing Address 2941 Fairview Park Dr Ste 100		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Falls Church	State VA	Zip Code 22042-4541
FEC ID number of contributing federal political committee. <b>C</b> C00078451		<b>Transaction ID : VR0C3B6MX92</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="7000.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**Narragansett Bay PAC**

**A. Amalgamated Transit Union - COPE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5025 Wisconsin Ave NW  
 City Washington State DC Zip Code 20016-4113  
 FEC ID number of contributing federal political committee. **C** C00032995  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : VR0C3E957N2**  
 Amount of Each Receipt this Period  
 2500.00

**B. Lockheed Martin Corporation Employees' PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 Crystal Dr Ste 100  
 City Arlington State VA Zip Code 22202-3706  
 FEC ID number of contributing federal political committee. **C** C00303024  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2015  
**Transaction ID : VR0C3B6N9Y2**  
 Amount of Each Receipt this Period  
 5000.00

**C. Honeywell International PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue NW Suite 500 West  
 City Washington State DC Zip Code 20001-2133  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : VR0C3ECFJ53**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)  
**A. National Air Traffic Controllers Association PAC**

Mailing Address 1325 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : VR0C3EP3GS3**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. American Association of Nurse Practitioners PAC**

Mailing Address PO Box 12846

City	State	Zip Code
Austin	TX	78711-2846

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

**Transaction ID : VR0C3B6N894**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. National Air Traffic Controllers Association PAC**

Mailing Address 1325 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2015

**Transaction ID : VR0C3C1HHC4**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)  
**A. General Electric Company PAC**

Mailing Address 1299 Pennsylvania Ave NW  
Ste 1100

City Washington State DC Zip Code 20004-2414

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 07 / 2015  
**Transaction ID : VR0C3B6N3Q4**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. BluePAC - Blue Cross Blue Shield Association PAC**

Mailing Address 1310 G St NW

City Washington State DC Zip Code 20005-3001

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
07 / 13 / 2015  
**Transaction ID : VR0C3B6N0M5**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. Cox Enterprises PAC (COXPAC) Inc.**

Mailing Address 975 F St NW  
Ste 300

City Washington State DC Zip Code 20004-1459

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 28 / 2015  
**Transaction ID : VR0C3E91TR5**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)  
**A. Mortgage Bankers Association of America PAC**

Mailing Address 1919 M St NW  
FI 5

City Washington State DC Zip Code 20036-3572

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 20 / 2015  
**Transaction ID : VR0C3ED20Q6**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. Burlington Northern Santa Fe Corporation RAILPAC**

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2015  
**Transaction ID : VR0C3C96GR6**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2015  
**Transaction ID : VR0C3E91SV6**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. International Securities Exchange PAC</b>		Date of Receipt
Mailing Address 60 Broad St FI 26		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : VR0C3EB8D97</b>
New York	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00382226"/>	<input type="text" value="1500.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Credit Union Legislative PAC</b>		Date of Receipt
Mailing Address 601 Pennsylvania Ave NW South Building Ste 600		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : VR0C3B9J6D7</b>
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00007880"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Norfolk Southern Corp. Good Government Fund</b>		Date of Receipt
Mailing Address 3 Commercial Pl Ste 375		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : VR0C3C96GF7</b>
Norfolk	VA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00009282"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. Association of American Railroads PAC</b>		Date of Receipt
Mailing Address 425 3rd St SW Ste 1000		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20024-3228
FEC ID number of contributing federal political committee. <b>C C00280743</b>		<b>Transaction ID : VR0C3C96GW7</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Raytheon PAC</b>		Date of Receipt
Mailing Address 1100 Wilson Blvd 1100 Wilson Blvd		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Arlington	State VA	Zip Code 22209-2249
FEC ID number of contributing federal political committee. <b>C C00097568</b>		<b>Transaction ID : VR0C3B6MZ88</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name (Last, First, Middle Initial) <b>C. BWX Technologies, Inc. PAC</b>		Date of Receipt
Mailing Address 2016 Mount Athos Rd		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Lynchburg	State VA	Zip Code 24504-5447
FEC ID number of contributing federal political committee. <b>C C00365502</b>		<b>Transaction ID : VR0C3EB8DQ8</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. CSX Corporation Good Government Fund</b>		Date of Receipt
Mailing Address 1331 Pennsylvania Ave NW Ste 560		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20004-1745
FEC ID number of contributing federal political committee. <b>C</b> C00163832		<b>Transaction ID : VR0C3B6MWR8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. M&amp;T Bank and Wilmington Trust Political Action Committee</b>		Date of Receipt
Mailing Address 465 Main St Ste 500		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City Buffalo	State NY	Zip Code 14203-1715
FEC ID number of contributing federal political committee. <b>C</b> C00137273		<b>Transaction ID : VR0C3BP9F49</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. IBEW PAC</b>		Date of Receipt
Mailing Address 900 7th St NW		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20001-3886
FEC ID number of contributing federal political committee. <b>C</b> C00027342		<b>Transaction ID : VR0C3EMERT9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

**A. National Assoc. of Real Estate Investment Trusts PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1875 I St NW  
Ste 600

City Washington State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : VR0C3EC6QY9**

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	111500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Josh Kramer**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

**Transaction ID : VQZCV9VN640**

Amount of Each Disbursement this Period

105.28

Full Name (Last, First, Middle Initial)

**B. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Fundraising Consulting for PAC (no Fed candidates)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2015

**Transaction ID : VQZCVA1T160**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

**Transaction ID : VQZCV9YEN60**

Amount of Each Disbursement this Period

271.61

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

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

3376.89

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Candy Store & Bistro**

Mailing Address 1 Bannisters Wharf

City Newport State RI Zip Code 02840-3052

Purpose of Disbursement  
Catering for PAC Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

Transaction ID : VQZCV9YEN78

Amount of Each Disbursement this Period

231.61

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

Transaction ID : VQZCV9YENB0

Amount of Each Disbursement this Period

43.52

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Fundraising Consulting for PAC (no Fed candidates)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

Transaction ID : VQZCVA4P4M0

Amount of Each Disbursement this Period

3000.00

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

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

3043.52

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : VQZCV9VNG91

Amount of Each Disbursement this Period

748.10

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S Wacker Dr

City Chicago State IL Zip Code 60606-6462

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : VQZCV9VMVM5

Amount of Each Disbursement this Period

208.10

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)

**C. Bistro Cacao**

Mailing Address 320 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Catering for PAC Event

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : VQZCV9VN7P5

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]  
\*

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

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

748.10

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Compliance Associates, Inc.**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

**Transaction ID : VQZCV9VMVC1**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Capitol Compliance Associates, Inc.**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : VQZCV9YMRH1**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

**Transaction ID : VQZCV9YEMW1**

Amount of Each Disbursement this Period

685.29

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

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

3685.29



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Carey International, Inc.**

Mailing Address 5300 Spectrum Dr  
Ste D

City Frederick State MD Zip Code 21703-7324

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	1	5		

Transaction ID : VQZCV9YEN03

Amount of Each Disbursement this Period

3	2	9	.	1	7
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Carey International, Inc.**

Mailing Address 5300 Spectrum Dr  
Ste D

City Frederick State MD Zip Code 21703-7324

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	1	5		

Transaction ID : VQZCV9YEMZ5

Amount of Each Disbursement this Period

2	2	5	.	0	5
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. Capitol Compliance Associates, Inc.**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	1	5		

Transaction ID : VQZCVA1T152

Amount of Each Disbursement this Period

1	5	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	5	0	.	0	0
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1	5	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Fundraising Consulting for PAC (no Fed candidates)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2015

Transaction ID : VQZCV9VNGQ2

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Josh Kramer**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : VQZCVA3XB83

Amount of Each Disbursement this Period

540.00

Full Name (Last, First, Middle Initial)

**C. Bistro Cacao**

Mailing Address 320 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Catering for PAC Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2015

Transaction ID : VQZCVA3XBA9

Amount of Each Disbursement this Period

540.00

[MEMO ITEM]  
\*

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

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

3540.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. The Reed Committee**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920-0628

Purpose of Disbursement  
Catering Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	5

Transaction ID : VQZCVA1RZ34

Amount of Each Disbursement this Period

2	8	8	.	8	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Fundraising Consulting for PAC (no Fed candidates)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Transaction ID : VQZCV9VNG34

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. NGP VAN Inc.**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

Transaction ID : VQZCV9YEN94

Amount of Each Disbursement this Period

1	5	0	.	0	0
---	---	---	---	---	---

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

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

3	4	3	.	8	5
---	---	---	---	---	---

3	4	3	.	8	5
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2015

**Transaction ID : VQZCV9VNAG4**

Amount of Each Disbursement this Period

52.35

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 63 Westminster St

City Providence State RI Zip Code 02903-2330

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

**Transaction ID : VQZCVA3XBP4**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Courtney Collard-Meltzer**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : VQZCVA07D05**

Amount of Each Disbursement this Period

150.00

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

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

227.35

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address 63 Westminster St

City Providence State RI Zip Code 02903-2330

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

**Transaction ID : VQZCVA3XAG5**

Amount of Each Disbursement this Period

25.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 63 Westminster St

City Providence State RI Zip Code 02903-2330

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

**Transaction ID : VQZCV9VMSH5**

Amount of Each Disbursement this Period

25.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Fundraising Consulting for PAC (no Fed candidates)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

**Transaction ID : VQZCVA1SNK5**

Amount of Each Disbursement this Period

3000.00

Category/  
Type

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

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

3050.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2015

Transaction ID : VQZCVA4P5K5

Amount of Each Disbursement this Period

43.54

Full Name (Last, First, Middle Initial)

**B. Michael Coscia**

Mailing Address 304 12th St SE

City Washington State DC Zip Code 20003-2206

Purpose of Disbursement  
Design/Production of Gifts for PAC Event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 04 / 2015

Transaction ID : VQZCV9YMRM5

Amount of Each Disbursement this Period

805.96

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 20 / 2015

Transaction ID : VQZCV9VNHQ5

Amount of Each Disbursement this Period

3300.20

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

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

4149.70

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

### A. Viking Motor Tours of Newport Inc.

Mailing Address PO Box 330

City Newport State RI Zip Code 02840-0872

Purpose of Disbursement  
Event Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VQZCV9VNF23

Amount of Each Disbursement this Period

1	2	8	4	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### B. Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VQZCV9VNFN3

Amount of Each Disbursement this Period

8	5	.	0	0
---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

### C. Viking Motor Tours of Newport Inc.

Mailing Address PO Box 330

City Newport State RI Zip Code 02840-0872

Purpose of Disbursement  
Event Transportation

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : VQZCV9VNFN3

Amount of Each Disbursement this Period

1	2	8	4	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

\*

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

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

0	0	0
---	---	---

0	0	0
---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-0664

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

Transaction ID : VQZCV9VN454

Amount of Each Disbursement this Period

330.10

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2015

Transaction ID : VQZCV9VNF08

Amount of Each Disbursement this Period

159.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Transaction ID : VQZCV9YEMT5

Amount of Each Disbursement this Period

5936.67

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

5936.67

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Hotel Viking**

Mailing Address 1 Bellevue Ave

City Newport State RI Zip Code 02840-3205

Purpose of Disbursement  
Event Venue

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Transaction ID : VQZCV9YEMV3

Amount of Each Disbursement this Period

5936.67

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Capitol Compliance Associates, Inc.**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : VQZCV9ZCD36

Amount of Each Disbursement this Period

49.00

Full Name (Last, First, Middle Initial)

**C. Julie E. Andrews**

Mailing Address 294 Wayland Ave

City Providence State RI Zip Code 02906-4529

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

Transaction ID : VQZCV9ZCCB6

Amount of Each Disbursement this Period

410.71

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

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

459.71

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Hotel Viking**

Mailing Address 1 Bellevue Ave

City Newport State RI Zip Code 02840-3205

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

Transaction ID : VQZCV9ZCD10

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 1276 Bald Hill Rd

City Warwick State RI Zip Code 02886-4248

Purpose of Disbursement  
Printing/Office Supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

Transaction ID : VQZCV9ZCCG6

Amount of Each Disbursement this Period

240.71

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. NGP VAN Inc.**

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : VQZCVA3XBB7

Amount of Each Disbursement this Period

150.00

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

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

150.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. Courtney Collard-Meltzer</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address 328 Massachusetts Ave NE		<b>Transaction ID : VQZCVA1T0Y7</b>
City Washington	State DC	
Zip Code 20002-5702	Purpose of Disbursement Expense Reimbursement - Below if Itemized	Amount of Each Disbursement this Period 264.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sinplicity Catering</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address 6402 Arlington Blvd Ste B150		<b>Transaction ID : VQZCVA1T0Z5</b>
City Falls Church	State VA	
Zip Code 22042-2333	Purpose of Disbursement Catering for PAC Event	Amount of Each Disbursement this Period 264.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] *
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Capitol Compliance Associates, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 918 Pennsylvania Ave SE		<b>Transaction ID : VQZCVA1T128</b>
City Washington	State DC	
Zip Code 20003-2140	Purpose of Disbursement Expense Reimbursement - Below if Itemized	Amount of Each Disbursement this Period 11.58
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	276.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Compliance Associates, Inc.**

Date of Disbursement: MM / DD / YYYY  
09 / 08 / 2015

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **VQZCV9ZCD28**

Amount of Each Disbursement this Period: 1500.00

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Date of Disbursement: MM / DD / YYYY  
10 / 28 / 2015

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **VQZCVA1T178**

Amount of Each Disbursement this Period: 45.37

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Date of Disbursement: MM / DD / YYYY  
09 / 03 / 2015

Mailing Address 63 Westminster St

City Providence State RI Zip Code 02903-2330

Purpose of Disbursement Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **VQZCV9YENC8**

Amount of Each Disbursement this Period: 25.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1570.37

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Compliance Associates, Inc.**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2015

**Transaction ID : VQZCVA4P4N8**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : VQZCVA07CN8**

Amount of Each Disbursement this Period

44.13

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

**Transaction ID : VQZCV9YEN29**

Amount of Each Disbursement this Period

125.10

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

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

1669.23

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-0664

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	5		

Transaction ID : VQZCV9YEN52

Amount of Each Disbursement this Period

2	8	4	.	1	0
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[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Amtrak**

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4285

Purpose of Disbursement  
Travel Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	1	5		

Transaction ID : VQZCV9YEN44

Amount of Each Disbursement this Period

-	1	5	.	9	0
---	---	---	---	---	---

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Fundraising Consulting for PAC (no Fed candidates)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	5		

Transaction ID : VQZCV9ZCCA9

Amount of Each Disbursement this Period

3	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	.	0	0
---	---	---	---	---	---

3	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol Compliance Associates, Inc.**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-2140

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2015

Transaction ID : VQZCVA1SNH9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 63 Westminster St

City Providence State RI Zip Code 02903-2330

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2015

Transaction ID : VQZCVA1V3H9

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. The Kauffman Group**

Mailing Address 328 Massachusetts Ave NE

City Washington State DC Zip Code 20002-5702

Purpose of Disbursement  
Expense Reimbursement - Below if Itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

Transaction ID : VQZCV9YMRJ9

Amount of Each Disbursement this Period

2486.00

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

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

4011.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Newport Shipyard Co. LLC**

Mailing Address 1 Washington St

City Newport State RI Zip Code 02840-1566

Purpose of Disbursement  
Catering/Venue Rental for PAC Event

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : VQZCV9YMRK7**

Amount of Each Disbursement this Period

2486.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**B. Alfred Carpiolato**

Mailing Address 1414 Atwood Ave

City Johnston State RI Zip Code 02919-4839

Purpose of Disbursement  
Venue Rental

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2015

**Transaction ID : VR0C3B6N1Q9I**

Amount of Each Disbursement this Period

3975.00

\* In-Kind Received

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank**

Mailing Address 1825 K St NW

City Washington State DC Zip Code 20006-1245

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 25 / 2015

**Transaction ID : VQZCVA3XAQ9**

Amount of Each Disbursement this Period

39.85

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

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

4014.85

47847.61



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Leahy for U.S. Senator Committee**

Mailing Address PO Box 1042

City Montpelier State VT Zip Code 05601-1042

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Patrick Leahy**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: VT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKQ40

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Patrick Murphy**

Mailing Address 4521 Pga Blvd  
Ste 412

City Palm Beach Gardens State FL Zip Code 33418-3997

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name  
**Patrick E. Murphy**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKQ90

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Strickland for Senate**

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name  
**Ted Strickland**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKQD1

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin**

Mailing Address PO Box 620061

City Middleton State WI Zip Code 53562-0061

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name  
**Russell Dana Feingold**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKQH1

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Connecticut**

Mailing Address 777 Summer St  
Ste 103

City Stamford State CT Zip Code 06901-1085

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Richard Blumenthal**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKPZ1

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Catherine Cortez Masto for Senate**

Mailing Address 8020 S Rainbow Blvd  
Ste 100-112

City Las Vegas State NV Zip Code 89139-6483

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Catherine Cortez Masto**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NV District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : VQZCVA4P562

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Wyden for Senate**

Mailing Address 232 NE 9th Ave

City Portland State OR Zip Code 97232-2915

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Ronald L. Wyden**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OR District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : **VQZCV9ZKQ82**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Catherine Cortez Masto for Senate**

Mailing Address 8020 S Rainbow Blvd  
Ste 100-112

City Las Vegas State NV Zip Code 89139-6483

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name  
**Catherine Cortez Masto**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NV District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : **VQZCV9ZKQC3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Russ for Wisconsin**

Mailing Address PO Box 620061

City Middleton State WI Zip Code 53562-0061

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Russell Dana Feingold**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2015

Transaction ID : **VQZCVA4P5F3**

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Bennet for Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201-3078

Purpose of Disbursement  
Contribution - General 2016

Candidate Name

**Michael F. Bennet**

Office Sought:  House  
 Senate  
 President  
State: CO District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : VQZCV9ZKPY3**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Schumer**

Mailing Address 192 Lexington Ave  
Rm 1001

City State Zip Code  
New York NY 10016-6823

Purpose of Disbursement  
Contribution - General 2016

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President  
State: NY District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : VQZCV9ZKQ74**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City State Zip Code  
Washington DC 20002-5610

Purpose of Disbursement  
2015 Contribution - Building Fund

Candidate Name

**Democratic Senatorial Campaign Committee**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Building Fund

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2015

**Transaction ID : VQZCVA4P4Q4**

Amount of Each Disbursement this Period

20000.00

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

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

30000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Strickland for Senate**

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216-2196

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Ted Strickland**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OH District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : VQZCVA4P505

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Missourians for Kander**

Mailing Address PO Box 548

City Columbia State MO Zip Code 65205-0548

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name  
**Jason Kander**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MO District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKQB5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement  
2015 Contribution - Building Fund

Candidate Name  
**Democratic Senatorial Campaign Committee**

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: District: Building Fund

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

Transaction ID : VQZCV9ZKPX5

Amount of Each Disbursement this Period

10000.00

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

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

13500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Schatz for Senate**

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812-3828

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name

**Brian Schatz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	1	5

**Transaction ID : VQZCV9ZKQ66**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002-5610

Purpose of Disbursement  
2015 Contribution - Building Fund

Candidate Name

**Democratic Senatorial Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Building Fund

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : VQZCVA07DQ6**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Missourians for Kander**

Mailing Address PO Box 548

City Columbia State MO Zip Code 65205-0548

Purpose of Disbursement  
Contribution - General 2016

Candidate Name

**Jason Kander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	1	5

**Transaction ID : VQZCVA4P5J7**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

1	4	0	0	0	0	0	0	0	0

1	4	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial) <b>A. Katie McGinty for Senate</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address PO Box 22447		<b>Transaction ID : VQZCV9ZKQK7</b>
City Philadelphia	State PA	
Zip Code 19110-2447	Purpose of Disbursement Contribution - Primary 2016	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Kathleen Alana McGinty</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 00	

Full Name (Last, First, Middle Initial) <b>B. People for Patty Murray</b>		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address PO Box 3662		<b>Transaction ID : VQZCV9ZKQ58</b>
City Seattle	State WA	
Zip Code 98124-3662	Purpose of Disbursement Contribution - Primary 2016	Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Patty Murray</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 00	

Full Name (Last, First, Middle Initial) <b>C. Katie McGinty for Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015
Mailing Address PO Box 22447		<b>Transaction ID : VQZCVA4P588</b>
City Philadelphia	State PA	
Zip Code 19110-2447	Purpose of Disbursement Contribution - Primary 2016	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>Kathleen Alana McGinty</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 00	

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. Tammy for Illinois**

Mailing Address PO Box 59348

City State Zip Code  
Schaumburg IL 60159-0348

Purpose of Disbursement  
Contribution - Primary 2016

Candidate Name  
**L. Tammy Duckworth**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : VQZCV9ZKQA8**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Tammy for Illinois**

Mailing Address PO Box 59348

City State Zip Code  
Schaumburg IL 60159-0348

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**L. Tammy Duckworth**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: IL District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : VQZCVA4P5D8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Patrick Murphy**

Mailing Address 4521 Pga Blvd  
Ste 412

City State Zip Code  
Palm Beach Gardens FL 33418-3997

Purpose of Disbursement  
Contribution - General 2016

Candidate Name  
**Patrick E. Murphy**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: FL District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : VQZCVA4P4T8**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00





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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Narragansett Bay PAC**

Full Name (Last, First, Middle Initial)

**A. The Punaro Group, LLC**

Mailing Address 1313 Dolley Madison Blvd  
Ste 404

City Mc Lean State VA Zip Code 22101-3926

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 13 / 2015

Transaction ID : VQZCV9YEN11

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Arnold Punaro**

Mailing Address 6918 Bonheim Ct

City Mc Lean State VA Zip Code 22101-5100

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 24 / 2015

Transaction ID : VQZCVA4PHD3

Amount of Each Disbursement this Period

2500.00

Category/  
Type

[MEMO ITEM]  
\*

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

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

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

2500.00

2500.00