

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 Christy Ferguson for Congress

ADDRESS (number and street) **Check if different than previously reported. (ACC)**
 P.O. Box 13
 Jamestown RI 02835

2. **FEC IDENTIFICATION NUMBER** C00371138
 CITY STATE ZIP CODE
 STATE DISTRICT
 3. **IS THIS REPORT** NEW (N) OR X AMENDED (A)
 STATE DISTRICT
 RI 1

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

(b) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on _____ In the State of _____
 (c) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 01 01 2003 through 03 31 2003

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 Ms. Kathleen Reavis

Signature of Treasurer Electronically Filed by Ms. Kathleen Reavis Date 06 30 2003

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Christy Ferguson for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y
0 1 0 1 2 0 0 3 0 3 3 1 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	2540.00	175597.94
(b) Total Contribution Refunds (from Line 20(d)).....	9875.00	6100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-7335.00	169497.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3003.50	179965.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3003.50	179965.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	134.98	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	22503.26	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Christy Ferguson for Congress

Report Covering the Period: From: ^{M M} 0 1 ^{D J} 0 1 ^{Y Y Y Y} 2 0 0 3 To: ^{V V} 0 3 ^{U J} 3 1 ^{Y Y Y Y} 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2000.00	
(ii) Unitemized.....	540.00	
(iii) TOTAL of contributions	2540.00	155781.46
from individuals..... ▶		
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACS).....	0.00	16254.38
(d) The Candidate.....	0.00	3062.10
(e) TOTAL CONTRIBUTIONS (other than loans)	2540.00	175597.94
(add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS	0.00	20000.00
(add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2540.00	195597.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3003.50	179965.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	9875.00	6100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	9875.00	6100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	12878.50	186065.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10473.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2540.00
25. SUBTOTAL (add Line 23 and Line 24).....	13013.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12878.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134.98

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Stephanie Chafee		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 22 Beachwood Drive		Transaction ID: SA11A1.5775
City Warwick	State RI	Zip Code 02818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Homemaker	Occupation	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Terry Grayson		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 20 Duncaster Wood		Transaction ID: SA11A1.5771
City Granby	State CT	Zip Code 06035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Consultant	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. John Holmes, Jr.		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 5 Surrey Road		Transaction ID: SA11A1.5789
City Barrington	State RI	Zip Code 02808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Consultant	Occupation Public Relations	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
 Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Joyce Ruppell		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address Pojoc Point		Transaction ID: SA11A1.5783
City North Kington	State RI	Zip Code 02852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation	Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-1)
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 7 / 16
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Inc. Business Surplus		Transaction ID: SB17.5759 Date of Disbursement 01 / 20 / 2003	
Mailing Address 204 Hartford Avenue			
City Providence	State RI	Zip Code 02909	Amount of Each Disbursement this Period 428.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Rental - Office Furniture		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: SB17.5760 Date of Disbursement 01 / 20 / 2003	
Mailing Address 8 J. P. Murphy Highway			
City West Warwick	State RI	Zip Code 02803-2381	Amount of Each Disbursement this Period 575.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Termination of Telephone & Cable Contract		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. FEC		Transaction ID: SB17.5761 Date of Disbursement 01 / 20 / 2003	
Mailing Address			
City Washington	State DC	Zip Code	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fine		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	1503.50
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 16

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Postmaster Providence		Transaction ID: SB17.5800 Date of Disbursement 01 / 20 / 2003		
Mailing Address		Amount of Each Disbursement this Period 1500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Providence	State RI			Zip Code 02904
Purpose of Disbursement Postage				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	3003.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 15
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Elizabeth Chace		Transaction ID: SB20A.5782 Date of Disbursement 01 / 15 / 2003	
Mailing Address 67 Oriole Avenue			
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Sr. Malcolm Chace		Transaction ID: SB20A.5783 Date of Disbursement 01 / 15 / 2003	
Mailing Address 67 Oriole Avenue			
City Providence	State RI	Zip Code 02906	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Mr. Howard Cohen		Transaction ID: SB20A.5784 Date of Disbursement 01 / 15 / 2003	
Mailing Address 10405 Sandringham Court			
City Potomac	State MD	Zip Code 20854	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 10 / 16
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

A. Full Name (Last, First, Middle Initial) Ms. Sophie Danforth		Transaction ID: SB20A.5786 Date of Disbursement 01 / 15 / 2003	
Mailing Address 524 Andrews Avenue			
City Delray beach	State FL	Zip Code 33483	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

B. Full Name (Last, First, Middle Initial) Mr. Paul Edgerly		Transaction ID: SB20A.5786 Date of Disbursement 01 / 15 / 2003	
Mailing Address 119 Hyslop Road			
City Brookline	State MA	Zip Code 02445	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

C. Full Name (Last, First, Middle Initial) Ms. Sandra Edgerly		Transaction ID: SB20A.5787 Date of Disbursement 01 / 15 / 2003	
Mailing Address 119 Hyslop Road			
City Brookline	State MA	Zip Code 02445	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 / 16
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Ms. Mimi Feller		Transaction ID: SB20A.5788 Date of Disbursement 01 / 15 / 2003	
Mailing Address 5533 Potomac Avenue, N.W.			
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Ms Jeanne Gonzenbach		Transaction ID: SB20A.5784 Date of Disbursement 01 / 15 / 2003	
Mailing Address 1010 South 7th Street			
City Milbank	State SD	Zip Code 57252	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Mr. Max Gonzenbach		Transaction ID: SB20A.5790 Date of Disbursement 01 / 15 / 2003	
Mailing Address 1010 South 7th Street			
City Milbank	State SD	Zip Code 57252	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 16
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Full Name (Last, First, Middle Initial) A. Mr. Peter Leibold		Transaction ID: SB20A.5779 Date of Disbursement 01 / 15 / 2003	
Mailing Address 1300 Tracy Place			
City Falls Church	State VA	Zip Code 22046	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Mr. David Ruppell		Transaction ID: SB20A.5781 Date of Disbursement 01 / 15 / 2003	
Mailing Address Pojac Point			
City North Kingstown	State RI	Zip Code 02852	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Mr. Bradford Swett		Transaction ID: SB20A.5799 Date of Disbursement 01 / 15 / 2003	
Mailing Address 210 East 86th Street Room 404			
City New York	State NY	Zip Code 10028	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of General Contribution		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	9750.00

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Transaction ID: SC/10.4575

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms. Christine Ferguson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 37 Bayview Drive	
City Jarnestown State RI ZIP Code 02835	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 th 30 th 2002	06/30/2003	0 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

Transaction ID: SC/10.4581

LOAN SOURCE Full Name (Last, First, Middle Initial) Ms. Christine Ferguson, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 37 Bayview Drive	
City Jamestown State RI ZIP Code 02835	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 th 04 th 2002	6/30/2003	0 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	20000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 9
 10

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Christine Ferguson		Nature of Debt (Purpose): Airfare	
Mailing Address 37 Bayview Drive			
City Jamestown	State RI	ZIP Code 02835	
Outstanding Balance Beginning This Period 805.00		Transaction ID: SD10.4347	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 805.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Christine Ferguson		Nature of Debt (Purpose): Ground Transportation	
Mailing Address 37 Bayview Drive			
City Jamestown	State RI	ZIP Code 02835	
Outstanding Balance Beginning This Period 160.00		Transaction ID: SD10.4348	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 160.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Christine Ferguson		Nature of Debt (Purpose): Office Equipment	
Mailing Address 37 Bayview Drive			
City Jamestown	State RI	ZIP Code 02835	
Outstanding Balance Beginning This Period 1056.26		Transaction ID: SD10.4349	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.26	

1) SUBTOTALS This Period This Page (optional)	▶	2021.26
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Christy Ferguson for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Christine Ferguson		Nature of Debt (Purpose): Airfare	
Mailing Address 37 Bayview Drive			
City	State	ZIP Code	
Jamestown	RI	02835	
Outstanding Balance Beginning This Period		Transaction ID: SD10.4350	
322.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	322.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Christine Ferguson		Nature of Debt (Purpose): Ground Transportation	
Mailing Address 37 Bayview Drive			
City	State	ZIP Code	
Jamestown	RI	02835	
Outstanding Balance Beginning This Period		Transaction ID: SD1D.4351	
160.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	160.00	

1) SUBTOTALS This Period This Page (optional)	▶	482.00
2) TOTALS This Period (last page this line number only)	▶	2503.28
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	