

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

Cicilline Committee

ADDRESS (number and street)

102 Waterman St

Check if different than previously reported. (ACC)

Providence

RI

02906

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00476564

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

RI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2010

in the State of

RI

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2010

through

10

13

2010

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

Type or Print Name of Treasurer

Nancy Benoit

Signature of Treasurer

Electronically Filed by Nancy Benoit

Date

10

21

2010

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Cicilline Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	85636.00	1671503.56
(b) Total Contribution Refunds (from Line 20(d)).....	10300.00	12900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75336.00	1658603.56
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	132410.64	1453595.28
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	259.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	132410.64	1453335.84
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	205976.19	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Cicilline Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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).....

45110.00

1416442.81

(ii) Unitemized.....

2855.00

111166.27

(iii) TOTAL of contributions

47965.00

1527609.08

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

37671.00

143894.48

(c) Other Political Committees
(such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

85636.00

1671503.56

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

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

0.00

2200.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

259.44

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

1387.06

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

85636.00

1675350.06

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.....	132410.64	1453595.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	7700.00	10100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2600.00	2800.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10300.00	12900.00
21. OTHER DISBURSEMENTS.....	0.00	1500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	142710.64	1467995.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	263050.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	85636.00
25. SUBTOTAL (add Line 23 and Line 24).....	348686.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	142710.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	205976.19

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

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

FOR LINE NUMBER: PAGE 5 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Ronald M. Ansin
Mailing Address 132 Littleton Road
City State Zip Code
Harvard MA 01451
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1400.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: C4487287
Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Gale Aronson
Mailing Address 530 Blackstone Boulevard
City State Zip Code
Providence RI 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: C4491481
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Edward Ayoob
Mailing Address 5509 39th Street NW
City State Zip Code
Washington DC 20015
FEC ID number of contributing federal political committee. **C**
Name of Employer Attorney Occupation Barnes and Thornburg
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0
Transaction ID: C4458020
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1650.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 6 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Victor J. Baxt

Mailing Address 355 Blackstone Boulevard #407

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Teknor Apex Company Chairman of the Board

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C4477426

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Leo A. Beliveau, III

Mailing Address 90 Eddy Street #301

City State Zip Code
Providence RI 02903

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

Name of Employer Occupation
Grodin Center Marketing & Development Director

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: C4491517

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Joseph R. Beretta

Mailing Address 50 Grandview Ave

City State Zip Code
Lincoln RI 02865-2903

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

Name of Employer Occupation
The Robinson Green Beretta Corp. Vice President/ Architect

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2550.00

Date of Receipt

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

Transaction ID: C4477450

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Kate Blacklock</p> <p>Mailing Address 46 Montague Street</p> <p>City Providence State RI Zip Code 02906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RISD Occupation Teacher</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0</p> <p>Transaction ID: C4491498</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Ronald Borod, Esq.</p> <p>Mailing Address 33 Arch St Fl 26</p> <p>City Boston State MA Zip Code 02110-1424</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brown Rudnick Occupation Attorney</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0</p> <p>Transaction ID: C4487284</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Milton H. Bronstein</p> <p>Mailing Address 34 Bennington Road</p> <p>City Cranston State RI Zip Code 02920</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0</p> <p>Transaction ID: C4471071</p> <p>Amount of Each Receipt this Period 200.00</p>
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SUBTOTAL of Receipts This Page (optional)	1450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Steven R Brooks</p> <p>Mailing Address 27 Guzzlebrook Dr</p> <p>City State Zip Code Sudbury MA 01776-3168</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Berkeley Investments, Inc</p> <p>Occupation Vice President/ Asset Manageme</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0</p> <p>Transaction ID: C4487337</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Michael J. Caparco</p> <p>Mailing Address 55 Hollyhill Lane</p> <p>City State Zip Code Cranston RI 02921</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CAPCO Steel</p> <p>Occupation CEO</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4800.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0</p> <p>Transaction ID: C4471109</p> <p>Amount of Each Receipt this Period 2400.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Vincent Chisholm, Esq.</p> <p>Mailing Address One Turks Head Place Suite 1313</p> <p>City State Zip Code Providence RI 02903</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Chisholm Chisholm & Kirkpatrick LLP</p> <p>Occupation Attorney</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0</p> <p>Transaction ID: C4487306</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	3150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Harry V. Collins, Jr.

Mailing Address 35 Watson Avenue

City State Zip Code
Barrington RI 02806

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

Name of Employer Occupation
HV Collins Company Business Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4487279

Amount of Each Receipt this Period
1000.00

3400.00

B.

Full Name (Last, First, Middle Initial)
Arthur J. Corvese, O.D.

Mailing Address 234 Lexington Avenue

City State Zip Code
North Providence RI 02904

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

Name of Employer Occupation
Self-Employed State Rep

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4491524

Amount of Each Receipt this Period
500.00

500.00

C.

Full Name (Last, First, Middle Initial)
Silvia Degli Esposti

Mailing Address 162 Everett Ave

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Women and Infants Physician

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4486856

Amount of Each Receipt this Period
500.00

500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 63
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Sylvia Denhoff

Mailing Address 100 Wayland Ave
Apt 6

City Providence State RI Zip Code 02906-4360

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

Name of Employer Retired Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 730.00

Date of Receipt 10 / 05 / 2010
Transaction ID: C4471068
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Joseph DiBattista

Mailing Address 40 Fountain St

City Providence State RI Zip Code 02903-1810

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

Name of Employer Hallmark Properties Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt 10 / 08 / 2010
Transaction ID: C4477428
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Elissa Dorfsman

Mailing Address 619 Jefferson Ave

City Morrisville State PA Zip Code 19067-2108

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 310.00

Date of Receipt 10 / 08 / 2010
Transaction ID: C4477878
Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional) ► **760.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 63
	(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)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Robert Ducoff, D.M.D.		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address 75 Loring Ave		Transaction ID: C4491478		
	City Providence	State RI	Zip Code 02906-5615	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Drs. Rubenstein-Ducoff D.-M.D.		Occupation Dentist		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3400.00			

B.	Full Name (Last, First, Middle Initial) Ross Eadie		Date of Receipt MM / DD / YYYY 10 / 04 / 2010		
	Mailing Address 658 Hope Street		Transaction ID: C4471103		
	City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Visual Artist		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Sean Eldridge		Date of Receipt MM / DD / YYYY 10 / 03 / 2010		
	Mailing Address 30 Crosby Street Apt 3A		Transaction ID: C4465406		
	City New York	State NY	Zip Code 10013	Amount of Each Receipt this Period 2050.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Freedom to Marry		Occupation Political Director		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2400.00			

SUBTOTAL of Receipts This Page (optional)	▶	3550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Constance F. Evrard		Date of Receipt MM / DD / YYYY 10 / 11 / 2010		
	Mailing Address 10 Arnold St		Transaction ID: C4487345		
	City Providence	State RI	Zip Code 02906-1066	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer None	Occupation Retired			
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3400.00			

B.	Full Name (Last, First, Middle Initial) roberta B. feather		Date of Receipt MM / DD / YYYY 10 / 13 / 2010		
	Mailing Address 70 Elmgrove ave		Transaction ID: C4491508		
	City providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Rhode Island	Occupation Adult Psychiatric Services			
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00			

C.	Full Name (Last, First, Middle Initial) Lawrence K. Fish		Date of Receipt MM / DD / YYYY 10 / 12 / 2010		
	Mailing Address 171 Heath Street		Transaction ID: C4482969		
	City Chestnut Hill	State MA	Zip Code 02467	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Consultant			
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00			

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

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

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

FOR LINE NUMBER: PAGE 13 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Fred J. Franklin

Mailing Address 65 Intervale Road

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Providence Equity Partners Attorney/Compliance Officer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4482090

Amount of Each Receipt this Period
100.00

850.00

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

Mailing Address 80 Faunce Drive

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
PM Industries, Inc. Management

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4487239

Amount of Each Receipt this Period
1000.00

1000.00

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

Mailing Address 140 Blackstone Blvd

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
none not employed

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: C4491511

Amount of Each Receipt this Period
1000.00

2000.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

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

Mailing Address 70 Harwich Rd

City State Zip Code
Providence RI 02906-4918

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: C4491520

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Stanley P. Goldstein

Mailing Address 70 Harwich Rd

City State Zip Code
Providence RI 02906-4918

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: C4491522

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David B. Green, Esq.

Mailing Address 48 Lloyd Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer Green Greenberg & Nessel Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 5 / 2 0 1 0

Transaction ID: C4471101

Amount of Each Receipt this Period
2400.00

SUBTOTAL of Receipts This Page (optional) ► **3900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
June Groden
Mailing Address 99 Fosdyke Street
City Providence State RI Zip Code 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer The Groden Center Occupation Psychologist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 13 / 2010
Transaction ID: C4491515
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Lana Israel
Mailing Address 29 Greaton Dr
City Providence State RI Zip Code 02906-2913
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Social Worker
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 12 / 2010
Transaction ID: C4487351
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Paul Jabour
Mailing Address 343 Broadway Floor 2
City Providence State RI Zip Code 02909-1142
FEC ID number of contributing federal political committee. **C**
Name of Employer Providence Probate Court Occupation Clerk
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 13 / 2010
Transaction ID: C4491497
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial) Ellen Jagolinzer		Date of Receipt MM / DD / YYYY 10 / 13 / 2010	
Mailing Address 768 Elmgrove Avenue		Transaction ID: C4491479	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Somerset Auto Group	Occupation Automobile Dealer		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

B.

Full Name (Last, First, Middle Initial) Stephen L. Jagolinzer		Date of Receipt MM / DD / YYYY 10 / 11 / 2010	
Mailing Address 231 Elmgrove Ave		Transaction ID: C4487348	
City Providence	State RI	Zip Code 02906-4224	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Somerset Auto Group	Occupation Information Requested		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Henry E. Kates		Date of Receipt MM / DD / YYYY 10 / 08 / 2010	
Mailing Address 222 Williams Street		Transaction ID: C4477431	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cheeky Monkey, LTD	Occupation Self-employed		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2800.00		

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
A. Max Kohlenberg, Esq.
Mailing Address PO Box 235
City State Zip Code
Westport Point MA 02791
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Edwards Angell Palmer & Dodge Attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2050.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0
Transaction ID: C4477425
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Benjamin P Lap
Mailing Address 320 N Gordon Rd
City State Zip Code
Fort Lauderdale FL 33301-3775
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BioSentinel Pharmeceutica- CEO & President
Is
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0
Transaction ID: C4487350
Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Frederick Levinger
Mailing Address 10 W Cushing St
City State Zip Code
Providence RI 02906-1304
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Speidel Inc. Chairman and CEO
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3400.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: C4491514
Amount of Each Receipt this Period
2400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Leonard L. Lopes

Mailing Address 28 Bayley Street, # 501
Apt 501

City State Zip Code
Pawtucket RI 02860

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

Name of Employer
Pannone Lopes & Devereaux LLC

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C4491503

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Matthew A. Lopes, Jr. Esq.

Mailing Address 317 Iron Horse Way Suite 301
Ste 301

City State Zip Code
Providence RI 02908

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

Name of Employer
Pannone Lopes & Devereaux LLC

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt

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

Transaction ID: C4491499

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Philippe Maatouk

Mailing Address 49 Jonathan Way

City State Zip Code
Cranston RI 02920

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

Name of Employer
Kartabar Restaurant

Occupation
Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C4491469

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Ann E. Masterson
Mailing Address 9 Huron Ave.
City Narragansett State RI Zip Code 02882
FEC ID number of contributing federal political committee. **C**
Name of Employer retired teacher Occupation teacher/librarian
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 10 / 12 / 2010
Transaction ID: C4482456
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Donald E. McClure
Mailing Address 15 Rose Ct.
City Providence State RI Zip Code 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 13 / 2010
Transaction ID: C4491483
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Judith McDonnell
Mailing Address 19 Methyl Street
City Providence State RI Zip Code 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Bryant University Occupation Faculty
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 10 / 12 / 2010
Transaction ID: C4482432
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 700.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Howard Menaker

Mailing Address 1401 Church Street, NW
#503

City State Zip Code
Washington DC 20005

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

Name of Employer self Occupation consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt

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

Transaction ID: C4482945

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Chuck Middleton

Mailing Address 1354 S Federal St

City State Zip Code
Chicago IL 60605-2715

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

Name of Employer Roosevelt University Occupation President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

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

Transaction ID: C4475906

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Linda M. Montalbano

Mailing Address 10 Gale Ct

City State Zip Code
North Providence RI 02904-1033

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

Name of Employer N/A Occupation Secretary

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C4487340

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Helena Morcos

Mailing Address 24 Carriage Way

City State Zip Code
North Providence RI 02904

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

Name of Employer
The Groden Center

Occupation
Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: C4491474

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Deborah Norman

Mailing Address 292 Morris Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer
Rue De L'Espoir

Occupation
Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3400.00

Date of Receipt

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

Transaction ID: C4491506

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
William E. O'Gara, Esq.

Mailing Address 55 Pond Street

City State Zip Code
Rehoboth MA 02769

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

Name of Employer
Pannone, Lopes, Devereaux
and West

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt

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

Transaction ID: C4491500

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Gary R. Pannone, Esq.
Mailing Address 317 Iron Horse Way Suite 301
City State Zip Code
Providence RI 02908
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Lopes & Devereau LLC Attorney
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: C4491502
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Marcia S. Riesman
Mailing Address 245 Waterman Street, Suite 402
City State Zip Code
Providence RI 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
N/A Homemaker
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4400.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0
Transaction ID: C4471066
Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Arthur S. Robbins
Mailing Address 50 Park Row W Apt 803
City State Zip Code
Providence RI 02903-1150
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Robbins Properties President
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2900.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0
Transaction ID: C4471070
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 63
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Mal A. Salvatore, Esq.
Mailing Address 400 Reservoir Avenue Suite 3C
City Providence State RI Zip Code 02907-3568
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: C4491490
Amount of Each Receipt this Period
500.00

Name of Employer Sondler, Salvatore & DiCristofaro Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) Election Cycle-to-Date 3900.00

B. Full Name (Last, First, Middle Initial)
Michael E. Schwartz
Mailing Address 485 Poppasquash Rd
City Bristol State RI Zip Code 02809-1011
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0
Transaction ID: C4487295
Amount of Each Receipt this Period
1000.00

Name of Employer Retired Occupation Retired
Receipt For: 2010
 Primary General
 Other (specify) Election Cycle-to-Date 2000.00

C. Full Name (Last, First, Middle Initial)
Roxie N. Sgouros
Mailing Address 100 Exchange St. #804
City Providence State RI Zip Code 02903
FEC ID number of contributing federal political committee. **C**

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 1 0
Transaction ID: C4479386
Amount of Each Receipt this Period
1000.00

Name of Employer None Occupation Retired
Receipt For: 2010
 Primary General
 Other (specify) Election Cycle-to-Date 3400.00

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

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
R. Kelly Sheridan

Mailing Address 253 Freeman Parkway

City State Zip Code
Providence RI 02906

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

Name of Employer
Roberts Carroll Feldstein & Peirce

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3165.00

Date of Receipt

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

Transaction ID: C4491472

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Robert C. Shmalo, Esq.

Mailing Address 375 South End Avenue, Apt. 18T

City State Zip Code
New York NY 10280

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

Name of Employer
Weil, Gotshal & Manges LLP

Occupation
attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: C4487255

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Daniel G. Siegel

Mailing Address 20 Humboldt Avenue

City State Zip Code
Providence RI 02906

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

Name of Employer
M&S Rare Books, Incorporated

Occupation
Bookseller

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: C4491486

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Friedrich St. Florian	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 137 University Ave	Transaction ID: C4487292
	City Providence State RI Zip Code 02906-4513	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Architect Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) John S. Struck	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 199 Ocean Lane Dr	Transaction ID: C4491463
	City Key Biscayne State FL Zip Code 33149-1400	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Wand Partners Inc Occupation Managing Director Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Sharon Weinberg	Date of Receipt MM / DD / YYYY 10 / 01 / 2010
	Mailing Address 38 South Meadow Lane	Transaction ID: C4566754
	City Barrington State RI Zip Code 02806	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Weinberg Glass Occupation Manager Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3600.00	* In-Kind: Office Rent

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Myrth York

Mailing Address 48 Lloyd Ave

City State Zip Code
Providence RI 02906-1511

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
York Resources Incorporated Vice President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4800.00

Date of Receipt

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

Transaction ID: C4471076

Amount of Each Receipt this Period
2400.00

B. Full Name (Last, First, Middle Initial)
Licht Realty Company

Mailing Address 765 Westminster St

City State Zip Code
Providence RI 02903-4018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

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

Transaction ID: C4491492

Amount of Each Receipt this Period
250.00

LLC - Members below if it-
emized. Permissible funds.

C. Full Name (Last, First, Middle Initial)
Gary N. Licht

Mailing Address 15 Alton Rd

City State Zip Code
Providence RI 02906-4703

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jacob Licht, Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3150.00

Date of Receipt

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

Transaction ID: C4491494

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

SUBTOTAL of Receipts This Page (optional)	2650.00
TOTAL This Period (last page this line number only)	45110.00

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

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

FOR LINE NUMBER: PAGE 27 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE

Mailing Address 555 New Jersey Avenue, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4487323

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4477911

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T)

Mailing Address 208 S. Akard Street
Suite 3521

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 1 0

Transaction ID: C4487330

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
Friends of Cliff Wood
Mailing Address 299 Doyle Ave.
City Providence State RI Zip Code 02906
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
671.00
Date of Receipt 10 / 04 / 2010
Transaction ID: C4471231
Amount of Each Receipt this Period 671.00

B. Full Name (Last, First, Middle Initial)
IUOE Local 57 (International Union of Operating En
Mailing Address 141 Gano Street
City Providence State RI Zip Code 02906
FEC ID number of contributing federal political committee. **C** C00029504
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
6000.00
Date of Receipt 10 / 13 / 2010
Transaction ID: C4487334
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA
Mailing Address 905 16th St., N.W.
Second Floor
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00007922
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00
Date of Receipt 10 / 07 / 2010
Transaction ID: C4477449
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 10671.00
TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11C**
Transaction ID : **C4471231**

Please note all funds received are from federally permissible sources

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

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

FOR LINE NUMBER: PAGE 30 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
LEADERSHIP FOR AMERICAN OPPORTUNITY

Mailing Address 499 South Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00456913

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 1 0

Transaction ID: C4477469

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL PAC INC A/K/A NATPAC

Mailing Address P.O. Box 15316

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00150995

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 8 / 2 0 1 0

Transaction ID: C4477419

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Painters and Allied Trades

Mailing Address 7234 Parkway Drive

City Hanover State MD Zip Code 21076

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 1 0

Transaction ID: C4477466

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Blvd
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C4487332

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
United Association Political Education Committee

Mailing Address 3 Park Place

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: C4487314

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul St.

City State Zip Code
Kensington MD 20895

FEC ID number of contributing federal political committee. **C** C00366096

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C4477470

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 63
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial)
BUILDING EMPOWERMENT AND ACCOUNTABILITY NOW PAC (B)

Mailing Address 1050 17th Street
Suite 590

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00436402

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4477916A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800
--

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4477916AB

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

Mailing Address 84-56 Grand Avenue
Elmhurst

City State Zip Code
New York NY 11373

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4477917A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 63
(check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 607 14th Street, NW, Suite 800
--

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00271338

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: C4477917AB

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	37671.00

**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 34 / 63

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Abar Hutton</p> <p>Mailing Address 6190 Grovdale Crt, Suite 200</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement Radio Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280681</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 6248.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Abar Hutton</p> <p>Mailing Address 6190 Grovdale Crt, Suite 200</p> <p>City Alexandria State VA Zip Code 22310</p> <p>Purpose of Disbursement TV-Cable Buy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280698</p> <p>Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 68071.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ActBlue Technical Services</p> <p>Mailing Address 14 Arrow St.</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280728</p> <p>Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 0.99</p>

SUBTOTAL of Disbursements This Page (optional) ►

74319.99

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Beacon Mutual <hr/> Mailing Address P.O. Box 33195 <hr/> City Hartford State CT Zip Code 06150-3195 <hr/> Purpose of Disbursement INSURANCE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280670 Date of Disbursement 10 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 670.00
B.	Full Name (Last, First, Middle Initial) Brown Faculty Club <hr/> Mailing Address 1 Magee St <hr/> City Providence State RI Zip Code 02912 <hr/> Purpose of Disbursement Event Expenses (Fundraising) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280690 Date of Disbursement 10 / 08 / 2010 <hr/> Amount of Each Disbursement this Period 156.47
C.	Full Name (Last, First, Middle Initial) Campaign Finance Officers <hr/> Mailing Address Brett P. Smiley 102 Waterman Stree <hr/> City Providence State RI Zip Code 02906 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280671 Date of Disbursement 10 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 8000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8826.47

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 63	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Campaign Finance Officers	Transaction ID: D280672 Date of Disbursement MM/DD/YYYY 10 / 05 / 2010
	Mailing Address Brett P. Smiley 102 Waterman Stree	Amount of Each Disbursement this Period 1000.00
	City Providence	State RI
	Zip Code 02906	Category/ Type
	Purpose of Disbursement ACCOUNTING	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: D280685 Date of Disbursement MM/DD/YYYY 10 / 06 / 2010
	Mailing Address 1 Citizens Plaza	Amount of Each Disbursement this Period 10.00
	City Providence	State RI
	Zip Code 02903	Category/ Type
	Purpose of Disbursement Bank Service Charges	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: D280686 Date of Disbursement MM/DD/YYYY 10 / 06 / 2010
	Mailing Address 1 Citizens Plaza	Amount of Each Disbursement this Period 21.00
	City Providence	State RI
	Zip Code 02903	Category/ Type
	Purpose of Disbursement Bank Service Charges	
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1031.00
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TOTAL This Period (last page this line number only)	▶	
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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 1 Citizens Plaza City Providence State RI Zip Code 02903 Purpose of Disbursement Bank Service Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280704 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 21.00
B.	Full Name (Last, First, Middle Initial) Cogens Printing Services Mailing Address 1 Virginia Ave City Providence State RI Zip Code 02905 Purpose of Disbursement Printing (Fundraising) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280657 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 1150.25
C.	Full Name (Last, First, Middle Initial) Democracy Engine Mailing Address 2125 14th St NW City Washington State DC Zip Code 20009 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280730 Date of Disbursement 10 / 04 / 2010 Amount of Each Disbursement this Period 29.01

SUBTOTAL of Disbursements This Page (optional) ▶

1200.26

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Cmte</p> <p>Mailing Address 430 S Capitol St, SE 2nd Fl</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280695</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 685.52</p>
<p>B. Full Name (Last, First, Middle Initial) Digital Turf</p> <p>Mailing Address 27 Clear Brook Crossing</p> <p>City Kennebunk State ME Zip Code 04043</p> <p>Purpose of Disbursement Web Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280696</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 900.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mark Gooding</p> <p>Mailing Address 880 Namquid Dr</p> <p>City Warwick State RI Zip Code 02888</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280645</p> <p>Date of Disbursement 10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 832.55</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2418.07

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Mark Gooding</p> <p>Mailing Address 880 Namquid Dr</p> <p>City Warwick State RI Zip Code 02888</p> <p>Purpose of Disbursement Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280651</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="33.90"/></p>
<p>B. Full Name (Last, First, Middle Initial) Hostway.com</p> <p>Mailing Address 100 N Riverside, Suite 800</p> <p>City Chicago State IL Zip Code 60606</p> <p>Purpose of Disbursement Web Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280705</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.95"/></p>
<p>C. Full Name (Last, First, Middle Initial) Nicole Kayner</p> <p>Mailing Address 551 Fruit Hill Avenue #3</p> <p>City North Providence State RI Zip Code 02911</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280647</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1464.77"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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 40 / 63

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Keith Beauchamp</p> <p>Mailing Address 243 Sneech Pond Rd</p> <p>City Cumberland State RI Zip Code 02864-3100</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280699</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Matthew McGinn</p> <p>Mailing Address 181 Ferris Ave</p> <p>City Rumford State RI Zip Code 02916</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280648</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="803.84"/></p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280665</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="491.28"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1595.12"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280666</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1100.57"/></p>
<p>B. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280663</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.20"/></p>
<p>C. Full Name (Last, First, Middle Initial) Metro PCS</p> <p>Mailing Address 112 Douglas Ave</p> <p>City Providence State RI Zip Code 02908-3257</p> <p>Purpose of Disbursement Mobile Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280664</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="430.66"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1574.43"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Michael Donlion

Transaction ID: D280661
Date of Disbursement

Mailing Address 1120 Alexandria Ave

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

City State Zip Code
Alexandria VA 22308

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Consultant Fee (Media)

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Motif Magazine

Transaction ID: D280655
Date of Disbursement

Mailing Address PO Box 588

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

City State Zip Code
Hope Valley RI 02832

Amount of Each Disbursement this Period

270.00

Purpose of Disbursement
Print Buys

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NGP Software

Transaction ID: D280658
Date of Disbursement

Mailing Address 1225 Eye St NW, Suite 1225

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

City State Zip Code
Washington DC 20005

Amount of Each Disbursement this Period

990.00

Purpose of Disbursement
Database

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

11260.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Providence Media</p> <p>Mailing Address 1944 Warwick Ave</p> <p>City Warwick State RI Zip Code 02889</p> <p>Purpose of Disbursement Print Buys</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280680</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1340.00</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) QuickBooks Payroll Service</p> <p>Mailing Address PO Box 30005</p> <p>City Reno State NV Zip Code 89520</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280662</p> <p>Date of Disbursement 10 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 56.36</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Rhode Island Democratic Party</p> <p>Mailing Address 249 Roosevelt Ave</p> <p>City Pawtucket State RI Zip Code 02860</p> <p>Purpose of Disbursement Event Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280694</p> <p>Date of Disbursement 10 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2396.36

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Rosa A Mendez Mailing Address 33 Summer St City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Volunteer Expenses (Catering) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280700 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Rosa A Mendez Mailing Address 33 Summer St City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Volunteer Expenses (Catering) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280669 Date of Disbursement 10 / 05 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Sheahan Printing Mailing Address 1 Front St City Woonsocket State RI Zip Code 02895 Purpose of Disbursement Printing (Field) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280653 Date of Disbursement 10 / 01 / 2010 Amount of Each Disbursement this Period 625.85 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1225.85

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Daniel Sorenson

Transaction ID: D280667
Date of Disbursement

Mailing Address 176 Hilltop Dr

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

City State Zip Code
Portsmouth RI 02871

Amount of Each Disbursement this Period

251.87

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D280677
Date of Disbursement

Mailing Address 551 N Main St

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

City State Zip Code
Providence RI 02904

Amount of Each Disbursement this Period

321.49

Purpose of Disbursement
Office Supplies

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D280708
Date of Disbursement

Mailing Address 551 N Main St

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

City State Zip Code
Providence RI 02904

Amount of Each Disbursement this Period

18.70

Purpose of Disbursement
Office Supplies

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

592.06

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 551 N Main St City Providence State RI Zip Code 02904 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280702 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 321.49
B.	Full Name (Last, First, Middle Initial) Telebeepers Mailing Address 21 Dexter St City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280703 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Telebeepers Mailing Address 21 Dexter St City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Mobile Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280701 Date of Disbursement 10 / 12 / 2010 Amount of Each Disbursement this Period 81.00

SUBTOTAL of Disbursements This Page (optional)	902.49
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 47 / 63

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Telebeepers

Mailing Address 21 Dexter St

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Mobile Phone
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D280684
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

240.00

B.

Full Name (Last, First, Middle Initial)
The Feldman Group, Inc.

Mailing Address 508-510 9th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Benchmark (Polling)
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D280654
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

10962.61

C.

Full Name (Last, First, Middle Initial)
Tom Sgouros

Mailing Address 15 Boston Neck Rd

City Wickford State RI Zip Code 02852

Purpose of Disbursement
Policy Consulting
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D280693
Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

1300.00

SUBTOTAL of Disbursements This Page (optional) ▶

12502.61

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 100 Hartford Avenue</p> <p>City Providence State RI Zip Code 02903</p> <p>Purpose of Disbursement Postage (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280675</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.22"/></p>
<p>B. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 100 Hartford Avenue</p> <p>City Providence State RI Zip Code 02903</p> <p>Purpose of Disbursement Postage (Fundraising)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280683</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="112.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 1100</p> <p>City Albany State NY Zip Code 12250-0001</p> <p>Purpose of Disbursement Office Phones</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D280691</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.41"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="171.63"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 1100 City Albany State NY Zip Code 12250-0001 Purpose of Disbursement Office Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280692 Date of Disbursement 10 / 08 / 2010 Amount of Each Disbursement this Period 132.66 Category/Type
B.	Full Name (Last, First, Middle Initial) Walgreen's Pawtucket Mailing Address 100 Broad Street City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280682 Date of Disbursement 10 / 06 / 2010 Amount of Each Disbursement this Period 22.46 Category/Type
C.	Full Name (Last, First, Middle Initial) Walgreen's Pawtucket Mailing Address 100 Broad Street City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D280676 Date of Disbursement 10 / 05 / 2010 Amount of Each Disbursement this Period 2.34 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

157.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.	Full Name (Last, First, Middle Initial) Ward 4 Democratic Committee	Transaction ID: D280656 Date of Disbursement 10 / 01 / 2010
	Mailing Address 2 Claire St.	Amount of Each Disbursement this Period 1200.00
	City Riverside State RI Zip Code 02915	
	Purpose of Disbursement Office Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Ms. Sharon Weinberg	Transaction ID: D278740 Date of Disbursement 10 / 01 / 2010
	Mailing Address 38 South Meadow Lane	Amount of Each Disbursement this Period 2000.00
	City Barrington State RI Zip Code 02806	
	Purpose of Disbursement Office Rent	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) West Valley Inn	Transaction ID: D280668 Date of Disbursement 10 / 05 / 2010
	Mailing Address 4 Blossom St	Amount of Each Disbursement this Period 347.67
	City W Warwick State RI Zip Code 02893	
	Purpose of Disbursement Events (Field)	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)	3547.67
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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Leo Perrotta

Mailing Address 551 Fruit Hill Ave

City North Providence State RI Zip Code 02911

Purpose of Disbursement
Reimbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280649
Date of Disbursement

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

Amount of Each Disbursement this Period

687.29

B.

Full Name (Last, First, Middle Initial)
Leo Perrotta

Mailing Address 551 Fruit Hill Ave

City North Providence State RI Zip Code 02911

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280749
Date of Disbursement

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

Amount of Each Disbursement this Period

77.09

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Restaurant Depot

Mailing Address 329 Niantic Ave

City Cranston State RI Zip Code 02907-3126

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280754
Date of Disbursement

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

Amount of Each Disbursement this Period

283.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

687.29

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

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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 551 N Main St</p> <p>City Providence State RI Zip Code 02904</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280752</p> <p>Date of Disbursement</p> <p>10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>10.15</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Stop & Shop</p> <p>Mailing Address 333 W River St</p> <p>City Providence State RI Zip Code 02903</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280751</p> <p>Date of Disbursement</p> <p>10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>75.18</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 100 Hartford Avenue</p> <p>City Providence State RI Zip Code 02903</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D280753</p> <p>Date of Disbursement</p> <p>10 / 01 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>176.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Campaign Finance Officers

Mailing Address Brett P. Smiley 102 Waterman Stree

City State Zip Code
Providence RI 02906

Purpose of Disbursement
Reimbursement -see itemized disbursement memo entries below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280673
Date of Disbursement

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

Amount of Each Disbursement this Period

3030.41

B.

Full Name (Last, First, Middle Initial)
Amtrak-PVD

Mailing Address 100 Gaspee Street

City State Zip Code
Providence RI 02903-1133

Purpose of Disbursement
Staff & Cand Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280737
Date of Disbursement

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

Amount of Each Disbursement this Period

242.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
DC Cabs

Mailing Address 1636 Bladensburg Road, N.E

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Staff Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280736
Date of Disbursement

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

Amount of Each Disbursement this Period

69.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3030.41

TOTAL This Period (last page this line number only)

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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Metacomet Country Club

Mailing Address 500 Veterans Memorial Pkwy

City East Providence State RI Zip Code 02914

Purpose of Disbursement
Event Exp(Fundraising)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280739
Date of Disbursement

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

Amount of Each Disbursement this Period

1225.04

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address 1 Aviation Cir

City Washington State DC Zip Code 20001-6000

Purpose of Disbursement
Cand Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280744
Date of Disbursement

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

Amount of Each Disbursement this Period

333.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address 1 Aviation Cir

City Washington State DC Zip Code 20001-6000

Purpose of Disbursement
Staff Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280745
Date of Disbursement

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

Amount of Each Disbursement this Period

333.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address 11 S Angel St

City Providence State RI Zip Code 02903

Purpose of Disbursement

Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280746

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

32.64

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 100 Hartford Avenue

City Providence State RI Zip Code 02903

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280747

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

528.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address 2965 West Corporate Lakes Blvd

City Fort Lauderdale State FL Zip Code 33331

Purpose of Disbursement

Credit Card

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280678

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

2879.89

SUBTOTAL of Disbursements This Page (optional)

2879.89

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
ATS Sedan & Limo Service

Mailing Address 5750 Mamm Street

City Van Nuys State CA Zip Code 91401

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280979

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

351.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address 2000 Post Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280964

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

192.04

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address 2000 Post Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280965

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

257.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Avis Rent A Car

Mailing Address 2000 Post Road

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Travel Expenses
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: D280966
Date of Disbursement

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

Amount of Each Disbursement this Period

136.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Garrison Confections

Mailing Address 72 Ledge St

City Central Falls State RI Zip Code 02863

Purpose of Disbursement
Food and Beverage Expense
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: D280932
Date of Disbursement

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

Amount of Each Disbursement this Period

220.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Shell Oil Providence

Mailing Address 691 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement
Milage
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: D280939
Date of Disbursement

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

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A. Full Name (Last, First, Middle Initial) Shell Oil Providence Mailing Address 691 North Main Street City Providence State RI Zip Code 02904 Purpose of Disbursement Milage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D280940 Date of Disbursement 10 / 05 / 2010
	Amount of Each Disbursement this Period 50.00 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Shell Oil Providence Mailing Address 691 North Main Street City Providence State RI Zip Code 02904 Purpose of Disbursement Milage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D280941 Date of Disbursement 10 / 05 / 2010
	Amount of Each Disbursement this Period 46.43 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Shell Oil Providence Mailing Address 691 North Main Street City Providence State RI Zip Code 02904 Purpose of Disbursement Milage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D280942 Date of Disbursement 10 / 05 / 2010
	Amount of Each Disbursement this Period 95.32 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Shell Oil Providence

Mailing Address 691 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement
Milage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280943
Date of Disbursement

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

Amount of Each Disbursement this Period

34.22

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Shell Oil Providence

Mailing Address 691 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement
Milage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280944
Date of Disbursement

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

Amount of Each Disbursement this Period

101.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Shell Oil Providence

Mailing Address 691 North Main Street

City Providence State RI Zip Code 02904

Purpose of Disbursement
Milage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280945
Date of Disbursement

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

Amount of Each Disbursement this Period

6.42

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Monkey Bar</p> <p>Mailing Address 60 East 54th Street</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: D280946</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">698.83</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	1	0	698.83
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	5	/	2	0	1	0													
698.83																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Vintage Restaurant</p> <p>Mailing Address 4 South Main Street</p> <p>City Woonsocket State RI Zip Code 02895</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: D280938</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">247.00</td> </tr> </table> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	5	/	2	0	1	0	247.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	0	5	/	2	0	1	0													
247.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

131854.68

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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Harriet A. Quinn

Transaction ID: D280689
Date of Disbursement

Mailing Address 60 Broadway #505

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

City Providence State RI Zip Code 02903

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Contrib. Refund

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Ray Wittcoff

Transaction ID: D280713
Date of Disbursement

Mailing Address 7878 E Gainey Ranch Road

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

City Scottsdale State AZ Zip Code 85258

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Ray Wittcoff

Transaction ID: D280714
Date of Disbursement

Mailing Address 7878 E Gainey Ranch Road

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

City Scottsdale State AZ Zip Code 85258

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Contribution Refund

--

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

4900.00

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

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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)

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Roma B. Wittcoff

Mailing Address 7878 E Gainey Ranch Road

City State Zip Code
Scottsdale AZ 85258

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280717
Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

2400.00

B.

Full Name (Last, First, Middle Initial)
Roma B. Wittcoff

Mailing Address 7878 E Gainey Ranch Road

City State Zip Code
Scottsdale AZ 85258

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D280718
Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) ▶

2800.00

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

7700.00

**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 63 / 63

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

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NAME OF COMMITTEE (In Full)
Cicilline Committee

A.

Full Name (Last, First, Middle Initial)
Gay & Lesbian Victory Fund

Transaction ID: D280733

Date of Disbursement

Mailing Address 1133 15th Street NW #350
5th Floor

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	0		0	1		2	0	1	0

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
Contrib. Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2600.00

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

2600.00
