

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

LANGEVIN FOR CONGRESS

ADDRESS (number and street)

181-A Knight Street

Check if different than previously reported. (ACC)

Warwick

RI

02886

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00344697

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

RI

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

in the State of

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

in the State of

5. Covering Period

04

01

2007

through

06

30

2007

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

Type or Print Name of Treasurer Edward A. Giroux

Signature of Treasurer Electronically Filed by Edward A. Giroux

Date

07

13

2007

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

Write or Type Committee Name

LANGEVIN FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	128018.47	170971.83
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128018.47	170721.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	53740.53	138459.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53740.53	138459.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	148886.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4022.34	

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

Write or Type Committee Name
LANGEVIN FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

58975.00

73945.00

(ii) Unitemized.....

8070.00

9045.00

(iii) TOTAL of contributions

67045.00

82990.00

from individuals..... ▶

150.00

150.00

(b) Political Party Committees.....

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

60823.47

87831.83

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

128018.47

170971.83

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

0.00

0.00

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

0.00

15. OTHER RECEIPTS

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

42.96

1333.47

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

128061.43

172305.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53740.53	138459.23
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.....	0.00	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	250.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	53740.53	138709.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	74565.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	128061.43
25. SUBTOTAL (add Line 23 and Line 24).....	202626.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53740.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	148886.25

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

Name of Candidate		Candidate ID Number	
JAMES R LANGEVIN		H0RI02139	
Name of Principal Campaign Committee		Committee ID Number	
LANGEVIN FOR CONGRESS		C C00344697	
Committee Address 181-A Knight Street			
City	State	ZIP	
Warwick	RI	02886	
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	162220.00	8000.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	162220.00	8000.00	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Paul A. Akerman, M.D.

Mailing Address **2381 Middle Road**

City **East Greenwich** State **RI** Zip Code **02818**

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

Name of Employer Self-employed
 Occupation **Physician**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 06 / 2007

Transaction ID: SA11A1.20803

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
 Paul A. Akerman, M.D.

Mailing Address **2381 Middle Road**

City **East Greenwich** State **RI** Zip Code **02818**

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

Name of Employer Self-employed
 Occupation **Physician**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 06 / 2007

Transaction ID: SA11A1.20808

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
 Suzanne Augenstein

Mailing Address **37A Eagle Run**

City **East Greenwich** State **RI** Zip Code **02818**

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

Name of Employer
 Textron Occupation **Coordinator**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 23 / 2007

Transaction ID: SA11A1.20910

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ernest P. Baptista, Jr. Mailing Address 14 Stevens Rd. City Cranston State RI Zip Code 02910 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7 Transaction ID: SA11A1.20928 Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Gencorp Insurance Group Occupation Owner Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		

B. Full Name (Last, First, Middle Initial) Bruce A. Beauchamp Mailing Address 495 Congdon Hill Road City Saunderstown State RI Zip Code 02874 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7 Transaction ID: SA11A1.20901 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Narragansett Improvement Occupation Vice President Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Richard S. Blackman Mailing Address 175 Birkshire Drive City Warwick State RI Zip Code 02886 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7 Transaction ID: SA11A1.20784 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Blackman Insurance Agency Occupation Insurance Agent Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	3050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Dennis D. Blanchette

Mailing Address 5 Talon Court

City State Zip Code
 Scituate RI 02857

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

Name of Employer Occupation
 Picerne Properties

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.20817

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
 Jerry M. Bradshaw

Mailing Address 144 Prospect Farm Rd.

City State Zip Code
 Portsmouth RI 02871

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

Name of Employer Occupation
 Raytheon

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 22 / 2007

Transaction ID: SA11A1.20885

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
 Nicholas Cardi, Jr.

Mailing Address 145 Beechwood Dr.

City State Zip Code
 Cranston RI 02921

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

Name of Employer Occupation
 Cardi's Furniture Co-owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.20821

Amount of Each Receipt this Period
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Peter D. Cardi

Mailing Address 1 Abbey Ln

City State Zip Code
 Rehoboth MA 02769

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

Name of Employer Cardi's Furniture Occupation Co-owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 09 / 2007

Transaction ID: SA11A1.20827

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
 Roland P. Cardi

Mailing Address 24 Duck Cove Farm

City State Zip Code
 North Kingstown RI 02852

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

Name of Employer Cardi's Furniture Occupation Co-owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.20826

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
 Stephen A. Cardi

Mailing Address 25 Devon Ct.

City State Zip Code
 East Greenwich RI 02818

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

Name of Employer Cardi Construction Occupation Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 09 / 2007

Transaction ID: SA11A1.20764

Amount of Each Receipt this Period
 850.00

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

SUBTOTAL of Receipts This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas A. Casey		Date of Receipt <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>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	7													
Mailing Address 26 Bramblewood Way PO BOX 431		Transaction ID: SA11A1.20914																				
City Adamsville	State RI	Zip Code 02801																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																				
Name of Employer Mikel, Inc.	Occupation Chief Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00																					

Full Name (Last, First, Middle Initial) B. Ann Davis		Date of Receipt <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>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	0	7													
Mailing Address 2450 W. Wesley Road NW		Transaction ID: SA11A1.20763																				
City Atlanta	State GA	Zip Code 30327																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00																				
Name of Employer Homemaker	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00																					

Full Name (Last, First, Middle Initial) C. Jay Davis		Date of Receipt <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>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	0	7													
Mailing Address 2450 W. Wesley Road NW		Transaction ID: SA11A1.20762																				
City Atlanta	State GA	Zip Code 30327																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00																				
Name of Employer National Distributing Company	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00																					

SUBTOTAL of Receipts This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Donald D. Deignan		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 50 Park Row West #417		Transaction ID: SA11A1.20864	
City Providence	State RI	Amount of Each Receipt this Period 2300.00	
Zip Code 02903-1147		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. Donald D. Deignan		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 50 Park Row West #417		Transaction ID: SA11A1.20866	
City Providence	State RI	Amount of Each Receipt this Period 200.00	
Zip Code 02903-1147		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Michael De La Rosa		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 454 Sackett Court		Transaction ID: SA11A1.20823	
City Seberna Park	State MD	Amount of Each Receipt this Period 1000.00	
Zip Code 21146-3500		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
FEC ID number of contributing federal political committee. C			
Name of Employer Picerne Military Housing	Occupation Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Paul M. DePace

Mailing Address 1125 Middle Road

City East Greenwich State RI Zip Code 02818

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

Name of Employer University of RI Occupation Director of Capital Projects

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 23 / 2007

Transaction ID: SA11A1.20917

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address 112 Sudbury Rd.

City Concord State MA Zip Code 01742

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

Name of Employer Cooperative Care Center Occupation Surgeon-in-Chief

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA11A1.20930

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
 Michael G. Ehrlich

Mailing Address 112 Sudbury Rd.

City Concord State MA Zip Code 01742

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

Name of Employer Cooperative Care Center Occupation Surgeon-in-Chief

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 29 / 2007

Transaction ID: SA11A1.20931

Amount of Each Receipt this Period
 200.00

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

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Richard Bruce Feinstein

Mailing Address **Feinstein & Gabrilowitz**
333 Westminster St.

City **Providence** State **RI** Zip Code **02903**

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

Name of Employer **Feinstein & Gabrilowitz** Occupation **Attorney**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.20768

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
 Austin A. Ferland

Mailing Address **96 Port Circle**

City **Warwick** State **RI** Zip Code **02889**

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

Name of Employer **Ferland Management Co.** Occupation **President**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 10 / 2007

Transaction ID: SA11A1.20767

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
 David W. Ferris

Mailing Address **115 Baldwin Rd.**

City **Warwick** State **RI** Zip Code **02886**

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

Name of Employer **Self-employed** Occupation **Optometrist**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 30 / 2007

Transaction ID: SA11A1.20788

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William J. Fischer

Mailing Address 36 Miantonomo Dr.

City State Zip Code
Warwick RI 02888

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

Name of Employer
Vision Strategies

Occupation
Communications Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2007

Transaction ID: SA11A1.20887

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Lynne Fossum

Mailing Address 18760 Wainsborough Lane

City State Zip Code
Dallas TX 75287-5525

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

Name of Employer
Picerne Military Housing

Occupation
VP, Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2007

Transaction ID: SA11A1.20805

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Charles S. Fradin

Mailing Address 59 Manning St.

City State Zip Code
Providence RI 02906-3130

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

Name of Employer
Copley Distributors

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 25 / 2007

Transaction ID: SA11A1.20776

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Rep. Aram G. Garabedian Mailing Address 173 Belvedere Drive City Cranston State RI Zip Code 02920 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007 Transaction ID: SA11A1.20824 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Bliss Properties Occupation: Property Management Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial) Robert J. Glovsky Mailing Address One Financial Center City Boston State MA Zip Code 02111 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007 Transaction ID: SA11A1.20847 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Mintz Levin Financial Advisors Occupation: President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial) Michael Harrington Mailing Address 110 Partridge Run Road City East Greenwich State RI Zip Code 02818-1141 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007 Transaction ID: SA11A1.20771 Amount of Each Receipt this Period 700.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Expoxies, Etc. Occupation: President/CEO Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Michael Harrington		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 110 Partridge Run Road		Transaction ID: SA11A1.20772
City State Zip Code East Greenwich RI 02818-1141	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Expoxies, Etc. President/CEO	Election Cycle-to-Date 3000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

B. Full Name (Last, First, Middle Initial) Daniel L. Hogan, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 174 Bluff Point Rd.		Transaction ID: SA11A1.20870
City State Zip Code South Glastonbury CT 06073-3134	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Hartford Financial Svcs. Group Vice President	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

C. Full Name (Last, First, Middle Initial) Juana I. Horton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address Horton Interpreting Services 45 Royal Little Drive		Transaction ID: SA11A1.20884
City State Zip Code Providence RI 02904	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Horton Interpreting Services, Inc. President and CEO	Election Cycle-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) ▶	3300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 H. Norman Knickle

Mailing Address **45 Upton St. #1**

City **Boston** State **MA** Zip Code **02118**

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

Name of Employer **Self-employed** Occupation **Attorney**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 22 / 2007

Transaction ID: SA11A1.20889

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
 Sharon M. Knickle

Mailing Address **99 Vaughn Ave.**

City **Warwick** State **RI** Zip Code **02886**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2007

Transaction ID: SA11A1.20880

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
 June C. Langevin

Mailing Address **318 Columbia Avenue**

City **Warwick** State **RI** Zip Code **02888**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 23 / 2007

Transaction ID: SA11A1.20900

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
June C. Langevin

Mailing Address 318 Columbia Avenue

City State Zip Code
Warwick RI 02888

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **2400.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2007

Transaction ID: SA11A1.20906

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Edward L. Maggiasco

Mailing Address 39 Greening Lane

City State Zip Code
Cranston RI 02920

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

Name of Employer Adler Pollack & Sheehan Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2007

Transaction ID: SA11A1.20831

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Amedeo C. Merolla

Mailing Address 133 Gilbert Stuart Dr.

City State Zip Code
East Greenwich RI 02818

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

Name of Employer Merolla Law Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2007

Transaction ID: SA11A1.20871

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) **850.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Charles F. Miller

Mailing Address 43 Church Ave.

City State Zip Code
Warwick RI 02889

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

Name of Employer
RI Higher Education

Occupation
Chief Information Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2007

Transaction ID: SA11A1.20908

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Mitrelis

Mailing Address 120 Church Hill Drive

City State Zip Code
Cranston RI 02920

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

Name of Employer
Andrea's Restaurant

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2007

Transaction ID: SA11A1.20780

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Rasim Moid

Mailing Address 95 River Farm Drive

City State Zip Code
East Greenwich RI 02818

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

Name of Employer
Picerne Properties

Occupation
Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2007

Transaction ID: SA11A1.20813

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 John P. Morgan

Mailing Address 62 Misty Meadow Ln.

City North Kingstown State RI Zip Code 02852

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

Name of Employer RIPAC Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 15 / 2007

Transaction ID: SA11A1.20855

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
 John P. Morgan

Mailing Address 62 Misty Meadow Ln.

City North Kingstown State RI Zip Code 02852

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

Name of Employer RIPAC Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 15 / 2007

Transaction ID: SA11A1.21099

Amount of Each Receipt this Period
 700.00

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

C. Full Name (Last, First, Middle Initial)
 Mary E. O'Rourke

Mailing Address 400 Narragansett Parkway, WC9

City Warwick State RI Zip Code 02887

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 23 / 2007

Transaction ID: SA11A1.20916

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Richard Peirce		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 1048 Riverside Avenue P.O. Box 272		Transaction ID: SA11A1.20895
City Somerset State MA Zip Code 02726	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Roberts, Carroll, Feldstein and Peirce	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) John R. Pesce		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2007
Mailing Address 1 Realty Way		Transaction ID: SA11A1.20783
City East Providence State RI Zip Code 02914	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Coast Realty	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) John G. Picerne		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address Picerne Real Estate Group 75 Lambert Lind Highway		Transaction ID: SA11A1.20798
City Warwick State RI Zip Code 02886	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Picerne Real Estate Group	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 75
	<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John G. Picerne		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2007
Mailing Address Picerne Real Estate Group 75 Lambert Lind Highway		Transaction ID: SA11A1.20799
City Warwick	State RI	Zip Code 02886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Picerne Real Estate Group	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) B. Thomas C. Plunkett		Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2007
Mailing Address 10 Pricewood Dr.		Transaction ID: SA11A1.20920
City East Greenwich	State RI	Zip Code 02818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Kiernan, Plunkett & Redihan	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Charles N. Redihan, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 06 / 23 / 2007
Mailing Address 163 Terrace Ave.		Transaction ID: SA11A1.20919
City Cumberland	State RI	Zip Code 02864
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Kiernan Plunkett & Redihan	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 75
	<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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Dennis J. Roberts, II

Mailing Address 132 Everett Ave.

City State Zip Code
 Providence RI 02906

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

Name of Employer Self-employed Occupation
 Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2007

Transaction ID: SA11A1.20848

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
 Americo Scungio

Mailing Address 63 Briar Hill Dr.

City State Zip Code
 Cranston RI 02921

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

Name of Employer Self-employed Occupation
 Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2007

Transaction ID: SA11A1.20851

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
 Richard A. Silvestri

Mailing Address 32 Cherry Hill Rd.

City State Zip Code
 Johnston RI 02919

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

Name of Employer State of Rhode Island Occupation
 Lt. Deputy Sheriff

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2007

Transaction ID: SA11A1.20793

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 75
	<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nancy Carly Troy Lovett		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 64 Boylston Ave.		Transaction ID: SA11A1.20874	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Autumn Capitol Corporation	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. Nancy Carly Troy Lovett		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 64 Boylston Ave.		Transaction ID: SA11A1.20877	
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 Autumn Capitol Corporation	Occupation President		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Richard S. Urquhart		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2007	
Mailing Address 16 Kalmer Rd.		Transaction ID: SA11A1.20810	
City Warwick	State RI	Zip Code 02886	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	2625.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 75
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alfred J. Verrecchia	Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 136 Beacon Ave.	Transaction ID: SA11A1.20932
City State Zip Code Warwick RI 02889	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Hasbro, Inc. CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. M.D. Beverly C. Walters	Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 122 Benefit Street	Transaction ID: SA11A1.20795
City State Zip Code Providence RI 02906	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self-employed Doctor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. William H. Weedon	Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 7
Mailing Address 159 Shadow Brook Drive	Transaction ID: SA11A1.20797
City State Zip Code Warwick RI 02886	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Applied Radar President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 75	
	(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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Andrew Zamoyksi

Mailing Address 122 Upton Ave.

City	State	Zip Code
Providence	RI	02906

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

Name of Employer Clariant Corporation	Occupation Manager
--	-----------------------

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: SA11A1.20839

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	58975.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AIR LINE PILOTS ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1625 Massachusetts Ave. NW 8th Floor		Transaction ID: SA11C.20939
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00035451		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. AIR LINE PILOTS ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 1625 Massachusetts Ave. NW 8th Floor		Transaction ID: SA11C.20971
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00035451		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. ALLERGAN INC POLITICAL ACTION COMM FOR EMPLOYEES (APACE)		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 2148 E ORANGEVIEW LN		Transaction ID: SA11C.20941
City State Zip Code ORANGE CA 92867	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00292102		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)		Date of Receipt <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>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	2		2	0	0	7													
Mailing Address 1050 31st Street N.W.		Transaction ID: SA11C.20958																				
City Washington State DC Zip Code 20007	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C C00024521	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						

Full Name (Last, First, Middle Initial) B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt <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>0</td><td>5</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	7		2	0	0	7													
Mailing Address 222 S PROSPECT AVENUE		Transaction ID: SA11C.20942																				
City PARK RIDGE State IL Zip Code 60068	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C C00173153	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						

Full Name (Last, First, Middle Initial) C. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt <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>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	7													
Mailing Address 222 S PROSPECT AVENUE		Transaction ID: SA11C.20972																				
City PARK RIDGE State IL Zip Code 60068	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C C00173153	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																			
2000.00																						

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 75
(check only one)

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

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address 80 F Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 22 / 2007

Transaction ID: SA11C.20970

Amount of Each Receipt this Period
300.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

Mailing Address 1201 L STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 06 / 2007

Transaction ID: SA11C.20940

Amount of Each Receipt this Period
3000.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE (AHCA-PAC)

Mailing Address 1201 L STREET NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 06 / 2007

Transaction ID: SA11C.21093

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN HOSPITAL ASSOCIATION PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 325 Seventh Street NW Suite 700		Transaction ID: SA11C.20959
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00106146		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1505 PRINCE STREET SUITE 300		Transaction ID: SA11C.20948
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00024968		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 175 E. Houston Street Room 7-A-50		Transaction ID: SA11C.20968
City San Antonio State TX Zip Code 78205	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00109017		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS		Date of Receipt <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>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	1		2	0	0	7													
Mailing Address 1201 15TH STREET NW		Transaction ID: SA11C.20967																				
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																			
2500.00																						
FEC ID number of contributing federal political committee. C C00000901	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																			
2500.00																						

Full Name (Last, First, Middle Initial) B. CITIZENS FINANCIAL GROUP INC POLITICAL COMMITTEE		Date of Receipt <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>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	5		2	0	0	7													
Mailing Address ONE CITIZENS PLAZA		Transaction ID: SA11C.20951																				
City PROVIDENCE State RI Zip Code 02903	Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																			
2000.00																						
FEC ID number of contributing federal political committee. C C00307249	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																			
2000.00																						

Full Name (Last, First, Middle Initial) C. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)		Date of Receipt <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>0</td><td>6</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	8		2	0	0	7													
Mailing Address 100 Indiana Avenue, NW		Transaction ID: SA11C.20974																				
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C C00023580	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																						

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 430 South Capitol Street SE 2nd Floor		Transaction ID: SA11C.21097
City Washington	State DC	Amount of Each Receipt this Period 23.47
Zip Code 20003	FEC ID number of contributing federal political committee. C C00000935	In-kind - Fundraising services <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 31.83	

Full Name (Last, First, Middle Initial) B. DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 25 Louisiana Ave. NW		Transaction ID: SA11C.20973
City Washington	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20001	FEC ID number of contributing federal political committee. C C00032979	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. FOLEY & LARDNER POLITICAL FUND INC.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 3000 K STREET NW		Transaction ID: SA11C.20937
City WASHINGTON	State DC	Amount of Each Receipt this Period 1000.00
Zip Code 20007	FEC ID number of contributing federal political committee. C C00105338	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2023.47
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN		Date of Receipt <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>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	0	7													
Mailing Address 3190 Fairview Park Drive		Transaction ID: SA11C.20950																				
City Falls Church State VA Zip Code 22042-4523	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C C00078451	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer	Occupation																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">5000.00</td> </tr> </table>	5000.00																				
5000.00																						

Full Name (Last, First, Middle Initial) B. INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND		Date of Receipt <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>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	1		2	0	0	7													
Mailing Address 753 State Ave. Suite 565		Transaction ID: SA11C.20944																				
City Kansas City State KS Zip Code 66101	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																						
FEC ID number of contributing federal political committee. C C00005157	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer	Occupation																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>	1000.00																				
1000.00																						

Full Name (Last, First, Middle Initial) C. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION		Date of Receipt <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>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	7													
Mailing Address 900 Seventh St. N.W.		Transaction ID: SA11C.20960																				
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">2500.00</td> </tr> </table>		2500.00																			
2500.00																						
FEC ID number of contributing federal political committee. C C00027342	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Name of Employer	Occupation																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">2500.00</td> </tr> </table>	2500.00																				
2500.00																						

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. INTERNATIONAL UNION - UAW		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 8000 EAST JEFFERSON AVENUE		Transaction ID: SA11C.20945
City DETROIT State MI Zip Code 48214-3963	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C70000369		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.20938
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00000885		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 1750 New York Avenue NW		Transaction ID: SA11C.20965
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00000885		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA

Mailing Address **905 16TH STREET, N.W.**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00007922**

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **7500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	0	7

Transaction ID: SA11C.20935

Amount of Each Receipt this Period

2500.00

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

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **1550 Crystal Drive Suite 300**

City **Arlington** State **VA** Zip Code **22202**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: SA11C.20976

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
MACHINISTS NON-PARTISAN POLITICAL LEAGUE

Mailing Address **9000 MACHINISTS PLACE**

City **Upper Marlboro** State **MD** Zip Code **20772-2687**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	7

Transaction ID: SA11C.21092

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007
Mailing Address ONE MADISON AVENUE		Transaction ID: SA11C.20966
City State Zip Code NEW YORK NY 10010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040923	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2007
Mailing Address 1125 Executive Circle		Transaction ID: SA11C.20949
City State Zip Code Irving TX 75038-2522	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00140061	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. ONEILL AND ASSOCIATES PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 31NEW CHARDON STREET		Transaction ID: SA11C.20969
City State Zip Code BOSTON MA 02114	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00362210	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 75
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHYSICAL THERAPY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 1111 N. Fairfax Street		Transaction ID: SA11C.20964
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00012880		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007
Mailing Address 1100 Wilson Boulevard Suite 1500		Transaction ID: SA11C.20952
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00097568		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2007
Mailing Address 430 NORTH MICHIGAN AVE		Transaction ID: SA11C.20947
City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00030718		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 75
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE

Mailing Address **14850 Conference Center Drive
 Suite 100**

City **Chantilly** State **VA** Zip Code **20151**

FEC ID number of contributing federal political committee. **C C00296822**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11C.20961

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
TEXTRON INC POLITICAL ACTION COMMITTEE

Mailing Address **40 WESTMINSTER STREET**

City **PROVIDENCE** State **RI** Zip Code **02903**

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11C.20962

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
THERMO FISHER SCIENTIFIC INC. PAC

Mailing Address **81 Wyman Street
 PO Box 9046**

City **Waltham** State **MA** Zip Code **02454**

FEC ID number of contributing federal political committee. **C C00292318**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 25 / 2007

Transaction ID: SA11C.20946

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 75
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007
Mailing Address 888 16TH ST NW SUITE 650		Transaction ID: SA11C.20956
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00280909	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) B. UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007
Mailing Address 1775 K STREET N.W.		Transaction ID: SA11C.20954
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00002766	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2007
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: SA11C.20963
City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00064766	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	60823.47

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 75	
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Citizens Bank

Mailing Address 800 Post Road

City State Zip Code
Warwick RI 02888

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1333.47

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA15.21095

Amount of Each Receipt this Period
42.96

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

SUBTOTAL of Receipts This Page (optional)	42.96
TOTAL This Period (last page this line number only)	42.96

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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB17.21017 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address PO BOX 53852		Amount of Each Disbursement this Period 869.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Creditcard Payments Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.21050 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address PO BOX 53852		Amount of Each Disbursement this Period 4204.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Creditcard Payments Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Blue Ocean Associates		Transaction ID: SB17.21031 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 22 Miller Ave.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Providence State RI Zip Code 02905	Purpose of Disbursement Advertisement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6074.83
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: SB17.21007 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 800 Post Road		Amount of Each Disbursement this Period 35.00
City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Creditcard Payments	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: SB17.21038 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 800 Post Road		Amount of Each Disbursement this Period 609.02
City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Creditcard Payments	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: SB17.21039 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 800 Post Road		Amount of Each Disbursement this Period 37.68
City Warwick State RI Zip Code 02888	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Creditcard Payments	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	681.70
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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)
LANGEVIN FOR CONGRESS

A. Clyde's Full Name (Last, First, Middle Initial) Clyde's Mailing Address 675 15th St NW City Washington State DC Zip Code 20005 Purpose of Disbursement Creditcard Payments - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.21088 Date of Disbursement 05 / 22 / 2007 Amount of Each Disbursement this Period 631.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Continental Airlines Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 1600 Smith St. City Houston State TX Zip Code 77002 Purpose of Disbursement Creditcard Payments - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.21084 Date of Disbursement 05 / 22 / 2007 Amount of Each Disbursement this Period 993.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Cox Communications Full Name (Last, First, Middle Initial) Cox Communications Mailing Address 9 James P. Murphy Industrial Rd City West Warwick State RI Zip Code 02893 Purpose of Disbursement Phone/Communications: Internet access Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.20994 Date of Disbursement 04 / 05 / 2007 Amount of Each Disbursement this Period 118.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	118.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: SB17.21033 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 9 James P. Murphy Industrial Rd		Amount of Each Disbursement this Period 118.00
City West Warwick State RI Zip Code 02893	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone/Communications: Internet access		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Timothy J. DelGiudice		Transaction ID: SB17.20983 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 436.60
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Timothy J. DelGiudice		Transaction ID: SB17.20991 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 280.16
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	834.76
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Timothy J. DelGiudice		Transaction ID: SB17.21012 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 280.16
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy J. DelGiudice		Transaction ID: SB17.21018 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 5286.00
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy J. DelGiudice		Transaction ID: SB17.21019 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 275.00
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5841.16
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Timothy J. DelGiudice		Transaction ID: SB17.21027 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 280.16
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Timothy J. DelGiudice		Transaction ID: SB17.21046 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 280.16
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Timothy J. DelGiudice		Transaction ID: SB17.21053 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 62 Harbour Terrace		Amount of Each Disbursement this Period 280.16
City East Greenwich State RI Zip Code 02818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	840.48
TOTAL This Period (last page this line number only) ▶

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

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

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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. e-onlinedata services		Transaction ID: SB17.21058 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 4026 North Hampton Drive		Amount of Each Disbursement this Period 42.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Powell State OH Zip Code 43065		
Purpose of Disbursement Fundraising: CC processing fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Hill Gazette		Transaction ID: SB17.21010 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 55 Bradford Street		Amount of Each Disbursement this Period 157.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Providence State RI Zip Code 02903		
Purpose of Disbursement Advertisement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HILLARY CLINTON FOR PRESIDENT EXPLORATORY COMMITTEE INC		Transaction ID: SB17.21060 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO BOX 77593		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20013		
Purpose of Disbursement Donation Candidate Name HILLARY RODHAM CLINTON	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2199.54
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Holiday Inn on the Hill		Transaction ID: SB17.21086 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 415 New Jersey Ave NW		Amount of Each Disbursement this Period 234.71
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Creditcard Payments - Travel	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Institute For Labor Studies And Research		Transaction ID: SB17.20986 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 99 Bald Hill Rd		Amount of Each Disbursement this Period 300.00
City Cranston State RI Zip Code 02920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Intercontinental Hotels Boston		Transaction ID: SB17.21091 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 510 Atlantic Avenue		Amount of Each Disbursement this Period 331.73
City Boston State MA Zip Code 02210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Creditcard Payments - Travel	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jewish Voice and Herald		Transaction ID: SB17.20996 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 130 Sessions St.		Amount of Each Disbursement this Period 152.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Providence State RI Zip Code 02906	Purpose of Disbursement Advertisement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Knight Street Holdings		Transaction ID: SB17.20998 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 181 Knight Street		Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02886	Purpose of Disbursement Headquarters Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Knight Street Holdings		Transaction ID: SB17.21034 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 181 Knight Street		Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02886	Purpose of Disbursement Headquarters Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1452.50
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Knight Street Holdings		Transaction ID: SB17.21061 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 7
Mailing Address 181 Knight Street		Amount of Each Disbursement this Period 650.00
City Warwick State RI Zip Code 02886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Headquarters Rent	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. James R. Langevin		Transaction ID: SB17.21020 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1270 Ives Road		Amount of Each Disbursement this Period 2418.30
City Warwick State RI Zip Code 02886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. James R. Langevin		Transaction ID: SB17.21040 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 1270 Ives Road		Amount of Each Disbursement this Period 2078.16
City Warwick State RI Zip Code 02886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	5146.46
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Local 37 Iron Workers		Transaction ID: SB17.20984 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 845 Waterman Avenue		Amount of Each Disbursement this Period 400.00
City E Providence State RI Zip Code 02914	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Seth Mellor		Transaction ID: SB17.20993 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59
City North Kingstown State RI Zip Code 02852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Seth Mellor		Transaction ID: SB17.21015 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59
City North Kingstown State RI Zip Code 02852	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Salary	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1261.18
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Seth Mellor		Transaction ID: SB17.21028 Date of Disbursement 05 / 03 / 2007	
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Personnel: Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Seth Mellor		Transaction ID: SB17.21044 Date of Disbursement 05 / 17 / 2007	
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Personnel: Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Seth Mellor		Transaction ID: SB17.21052 Date of Disbursement 05 / 31 / 2007	
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Personnel: Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1291.77
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Seth Mellor		Transaction ID: SB17.21066 Date of Disbursement 06 / 14 / 2007	
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Personnel: Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Seth Mellor		Transaction ID: SB17.21074 Date of Disbursement 06 / 28 / 2007	
Mailing Address 68 Fairfield Dr.		Amount of Each Disbursement this Period 430.59	
City North Kingstown State RI Zip Code 02852	Purpose of Disbursement Personnel: Salary Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. MetroPark		Transaction ID: SB17.21071 Date of Disbursement 06 / 23 / 2007	
Mailing Address 49 Weybosset St.		Amount of Each Disbursement this Period 500.00	
City Providence State RI Zip Code 02903	Purpose of Disbursement Reception: Parking fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1361.18
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL ACTION COMMITTEE - NACPAC		Transaction ID: SB17.20977 Date of Disbursement
Mailing Address 501 BRICKELL KEY DRIVE THIRD FLOOR		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City MIAMI	State FL	Zip Code 33131
Purpose of Disbursement Donation	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: SB17.21008 Date of Disbursement
Mailing Address 30 Ivy Street S.E.		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20003-4071
Purpose of Disbursement Food/Beverages	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1978.62"/>
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: SB17.21009 Date of Disbursement
Mailing Address 30 Ivy Street S.E.		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
City Washington	State DC	Zip Code 20003-4071
Purpose of Disbursement Food/Beverages	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="360.00"/>
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2838.62"/>
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)

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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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Kristin Nicholson		Transaction ID: SB17.21002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 939 O Street, NW		Amount of Each Disbursement this Period 1027.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Kristin Nicholson		Transaction ID: SB17.21029 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 939 O Street, NW		Amount of Each Disbursement this Period 1877.00
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement: Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Ocean State Action		Transaction ID: SB17.21057 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 99 Bald Hill Rd.		Amount of Each Disbursement this Period 200.00
City Cranston State RI Zip Code 02910	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3104.00
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PARI Independent Living Center		Transaction ID: SB17.20987 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 500 Prospect St.		Amount of Each Disbursement this Period 500.00
City Pawtucket State RI Zip Code 02860	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donation		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: SB17.20990 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1092.20
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Federal and state		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: SB17.20995 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 16.21
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Workers' comp		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1608.41
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: SB17.21003 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 129.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915		
Purpose of Disbursement Personnel: Payroll service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: SB17.21013 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 1045.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915		
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: SB17.21016 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 18.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915		
Purpose of Disbursement Payroll taxes: Workers' comp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1194.32
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: SB17.21021 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 34.25
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: SB17.21025 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 19.26
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Workers' comp Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: SB17.21026 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 978.73
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1032.24
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: SB17.21035 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 149.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915		
Purpose of Disbursement Personnel: Payroll service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: SB17.21042 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 972.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915		
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: SB17.21045 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 19.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915		
Purpose of Disbursement Payroll taxes: Workers' comp Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1141.73
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: SB17.21051 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 961.50
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: SB17.21055 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 15.83
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Workers' comp Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: SB17.21062 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 203.52
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Payroll service Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1180.85
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: SB17.21065 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 901.23
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: SB17.21067 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 17.88
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Workers' comp Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: SB17.21073 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 882.24
City East Providence State RI Zip Code 02915	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes: Federal and state Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1801.35
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: SB17.21075 Date of Disbursement 06 / 28 / 2007
Mailing Address 501 Wampanoag Trail		Amount of Each Disbursement this Period 17.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Providence State RI Zip Code 02915	Purpose of Disbursement Payroll taxes: Workers' comp	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RI Property Advisory Company		Transaction ID: SB17.21005 Date of Disbursement 04 / 10 / 2007
Mailing Address 181 Knight St.		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02886	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: SB17.21077 Date of Disbursement 04 / 24 / 2007
Mailing Address 2425 Wyman Street		Amount of Each Disbursement this Period 240.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Dallas State TX Zip Code 75235	Purpose of Disbursement Creditcard Payments - Travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	267.68
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: SB17.21087 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 2425 Wyman Street		Amount of Each Disbursement this Period 1216.00
City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Creditcard Payments - Travel	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Temple Beth-El		Transaction ID: SB17.20982 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 70 Orchard Ave.		Amount of Each Disbursement this Period 250.00
City Providence State RI Zip Code 02906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertisement	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harold Tillinghast		Transaction ID: SB17.20989 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 158.94
City Cranston State RI Zip Code 02910	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Personnel: Wages	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	408.94
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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Harold Tillinghast		Transaction ID: SB17.21014 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 34.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cranston State RI Zip Code 02910	Purpose of Disbursement Personnel: Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Harold Tillinghast		Transaction ID: SB17.21023 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 112.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cranston State RI Zip Code 02910	Purpose of Disbursement Personnel: Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Harold Tillinghast		Transaction ID: SB17.21047 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 118.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cranston State RI Zip Code 02910	Purpose of Disbursement Personnel: Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	265.06
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)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Harold Tillinghast		Transaction ID: SB17.21054 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 95.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cranston State RI Zip Code 02910	Purpose of Disbursement Personnel: Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Harold Tillinghast		Transaction ID: SB17.21069 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 118.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cranston State RI Zip Code 02910	Purpose of Disbursement Personnel: Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Harold Tillinghast		Transaction ID: SB17.21072 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 580 Pontiac Ave., Apt 1		Amount of Each Disbursement this Period 81.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cranston State RI Zip Code 02910	Purpose of Disbursement Personnel: Wages Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	295.47
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)

<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Twin Oaks		Transaction ID: SB17.21089 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 100 Sabra St		Amount of Each Disbursement this Period 705.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Providence State RI Zip Code 02910	Purpose of Disbursement Creditcard Payments - Food/Beverages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB17.21006 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address PO BOX 28007		Amount of Each Disbursement this Period 234.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002-8007	Purpose of Disbursement Phone/Communications Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: SB17.21037 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address PO BOX 28007		Amount of Each Disbursement this Period 263.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002-8007	Purpose of Disbursement Phone/Communications Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	498.10
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB17.21064 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO BOX 28007		Amount of Each Disbursement this Period 237.04
City Lehigh Valley State PA Zip Code 18002-8007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone/Communications Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.21001 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 74.11
City Warwick State RI Zip Code 02920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone/Communications: cell phone service Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.21032 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 101.18
City Warwick State RI Zip Code 02920	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone/Communications: cell phone service Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	412.33
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.21036 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 124.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02920	Purpose of Disbursement Phone/Communications: cell phone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.21063 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 399 Bald Hill Rd		Amount of Each Disbursement this Period 144.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02920	Purpose of Disbursement Phone/Communications: cell phone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Marshall Votta		Transaction ID: SB17.20992 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 1226.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Personnel: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1495.11
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marshall Votta		Transaction ID: SB17.21011 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 1226.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Personnel: Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marshall Votta		Transaction ID: SB17.21024 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 1226.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Personnel: Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marshall Votta		Transaction ID: SB17.21041 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 1226.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Personnel: Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3678.93
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)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marshall Votta		Transaction ID: SB17.21056 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 1226.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Personnel: Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marshall Votta		Transaction ID: SB17.21068 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 1226.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Personnel: Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marshall Votta		Transaction ID: SB17.21070 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO BOX 8378		Amount of Each Disbursement this Period 265.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Warwick State RI Zip Code 02888	Purpose of Disbursement Reimbursement: Office supplies Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2717.90
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Marshall Votta

Mailing Address PO BOX 8378

City Warwick State RI Zip Code 02888

Purpose of Disbursement
Personnel: Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.21076

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1226.31

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

SUBTOTAL of Disbursements This Page (optional)

1226.31

TOTAL This Period (last page this line number only)

52570.91

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Money's Worth	Nature of Debt (Purpose): Phone bank
Mailing Address 815 Reservoir Ave	
City State ZIP Code Cranston RI 02815	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">800.00</div>	Transaction ID: SD10.3887
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">800.00</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Money's Worth	Nature of Debt (Purpose): Phone bank
Mailing Address 815 Reservoir Ave	
City State ZIP Code Cranston RI 02815	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">800.00</div>	Transaction ID: SD10.4018
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">800.00</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Money's Worth	Nature of Debt (Purpose): Phone bank expense
Mailing Address 815 Reservoir Ave	
City State ZIP Code Cranston RI 02815	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">1222.34</div>	Transaction ID: SD10.4925
Amount Incurred This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>	Payment This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">1222.34</div>	

1) SUBTOTALS This Period This Page (optional).....	<div style="border: 1px solid black; width: 100%; text-align: right; padding: 2px;">2822.34</div>
2) TOTALS This Period (last page this line number only).....	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph Paolino, JR.	Nature of Debt (Purpose): 2 months rent for Providence office
Mailing Address 76 Dorrance St.	
City State ZIP Code Providence RI 02903	

Outstanding Balance Beginning This Period 400.00	Transaction ID: SD10.3882	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph Paolino, JR.	Nature of Debt (Purpose): 1 month rent for Providence office
Mailing Address 76 Dorrance St.	
City State ZIP Code Providence RI 02903	

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD10.4019	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph Paolino, JR.	Nature of Debt (Purpose): 1 month rent for Providence office
Mailing Address 76 Dorrance St.	
City State ZIP Code Providence RI 02903	

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD10.4900	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) SUBTOTALS This Period This Page (optional).....	▶	800.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 74 / 75	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 LANGEVIN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph Paolino, JR.	Nature of Debt (Purpose): 2 months rent for Providence office
Mailing Address 76 Dorrance St.	
City State ZIP Code Providence RI 02903	

Outstanding Balance Beginning This Period	Transaction ID: SD10.4924	
400.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	400.00

1) SUBTOTALS This Period This Page (optional).....	400.00
2) TOTALS This Period (last page this line number only).....	4022.34
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 27930890236

Form/Schedule: **F3A**

Amendment 1 - updated payee address

Transaction ID:
