

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 St.

Check if different than previously reported. (ACC)

Warwick RI 02886

2. **FEC IDENTIFICATION NUMBER** C00344697

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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 08 21 2008 through 09 30 2008

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 Giroux

Signature of Treasurer Electronically Filed by Edward Giroux Date 10 23 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Langevin for Congress

Report Covering the Period: From:

M	M
0	8

D	D
2	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	84495.00	749434.76
(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)).....	84495.00	749184.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	17525.75	452822.46
(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)).....	17525.75	452822.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	255985.95	
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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Langevin for Congress

Report Covering the Period: From:

M	M
0	8

D	D
2	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

19610.00

378987.93

(ii) Unitemized.....

625.00

26735.00

(iii) TOTAL of contributions

20235.00

405722.93

from individuals..... ▶

0.00

4420.00

(b) Political Party Committees.....

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

64260.00

339291.83

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

84495.00

749434.76

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

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

2000.00

3333.47

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

86495.00

752768.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17525.75	452822.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	150000.00
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.....	2000.00	9000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19525.75	612072.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	189016.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	86495.00
25. SUBTOTAL (add Line 23 and Line 24).....	275511.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19525.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	255985.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 47
	<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

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

NAME OF COMMITTEE (In Full)
Langevin for Congress

A.	Full Name (Last, First, Middle Initial) Christopher T. Blisard	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 3013 Marble Ln	Transaction ID: C2630220
	City State Zip Code Superior CO 80027-6049	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 Circadence	Occupation Chief Operating Officer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) David Bodenheimer	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address 7408 Rocky Ravine Dr.	Transaction ID: C2629769
	City State Zip Code Fairfax Station VA 22039	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 Crowell and Moring	Occupation Attorney	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Robert M. Bolton	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 60 Joseph Ct	Transaction ID: C2630156
	City State Zip Code Warwick RI 02886-9544	Amount of Each Receipt this Period 300.00
	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 Arden Engineering Constructors	Occupation President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 47
(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)
Phil Bond

Mailing Address 10718 Ox Croft Ct.

City State Zip Code
Fairfax Station VA 22039-1663

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

Name of Employer Occupation
ITAA President and CEO

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2008

Transaction ID: C2630076

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)
Bruce A Bookbinder

Mailing Address 115 Sycamore Dr

City State Zip Code
East Greenwich RI 02818-2122

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

Name of Employer Occupation
Delta Keyspan Pres. Mechanical Contract

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630177

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)
Christopher Born

Mailing Address 389 Benefit St.

City State Zip Code
Providence RI 02906

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

Name of Employer Occupation
Brown University Professor

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: C2629211

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) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 47
(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"/> 15	

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NAME OF COMMITTEE (In Full)
Langevin for Congress

A.	Full Name (Last, First, Middle Initial) Dan Busse		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 480 Bison Dr.		Transaction ID: C2630225
	City Boulder	State CO	Zip Code 80302
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self-employed	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Peter Calcagni		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 9 Meghan Cir		Transaction ID: C2630138
	City Greenville	State RI	Zip Code 02828-1021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Fleet Construction Co.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) James L. Carr, Jr.		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address PO Box 9088		Transaction ID: C2630100
	City Providence	State RI	Zip Code 02940-9088
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer H. Carr & Sons, Inc.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 47
	(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"/> 15	

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NAME OF COMMITTEE (In Full)
Langevin for Congress

A.	Full Name (Last, First, Middle Initial) Jennifer Centeno	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 541 Highland Ave.	Transaction ID: C2630229
	City State Zip Code Boulder CO 80302	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 Earth-Marks Artist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Paul Choquette, Jr.	Date of Receipt MM / DD / YYYY 09 / 29 / 2008
	Mailing Address 57 Old Forge Rd	Transaction ID: C2630096
	City State Zip Code East Greenwich RI 02818-4602	Amount of Each Receipt this Period 300.00
	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 Gilbane Construction Chairman and CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Shawn R Donahue	Date of Receipt MM / DD / YYYY 08 / 26 / 2008
	Mailing Address 14 Rome Ave	Transaction ID: C2630563
	City State Zip Code North Providence RI 02904-4566	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 BCBS of RI Director, Government Relations	
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)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 47
(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)
Michael Elliott

Mailing Address 16 Mayflower Dr

City State Zip Code
Cumberland RI 02864-2209

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Century Drywall President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	8

Transaction ID: C2630127

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)
Liesyl Franz

Mailing Address 2424 Observatory Pl., NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ITAA Vice President

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	8

Transaction ID: C2630085

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)
Jay C. Ghazal

Mailing Address 1331 H St NW
Ghazal and Associates, LLC

City State Zip Code
Washington DC 20005-4743

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ghazal and Associates, LLC Business Advisor/Consultant

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	8

Transaction ID: C2628774

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) 1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47

(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)
Robert V Gilbane

Mailing Address 25 Pegwin Dr

City State Zip Code
East Greenwich RI 02818-2417

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Gilbane Properties Business Executive

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630148

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)
Thomas F. Gilbane, Jr.

Mailing Address 20 Leroy Ave

City State Zip Code
Newport RI 02840-4106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Gilbane Building Company Building Contractor

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630146

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)
William J. Gilbane, Jr.

Mailing Address 140 Adams Point Rd

City State Zip Code
Barrington RI 02806-5045

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Gilbane Building Co. Owner

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630151

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) 900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 47
(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)
Stephen J Grande

Mailing Address 70 Harvest Dr

City Portsmouth State RI Zip Code 02871-3315

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

Name of Employer Grande Masonry Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2008
Transaction ID: C2630130
 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)
Olga Grkavac

Mailing Address 1276 N. Wayne St. #1220

City Arlington State VA Zip Code 22201-5857

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

Name of Employer ITAA Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2008
Transaction ID: C2630079
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Gerald T Harrington

Mailing Address 209 Blackberry Hill Dr

City Wakefield State RI Zip Code 02879-6555

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

Name of Employer Capitol City Group LLC Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 14 / 2008
Transaction ID: C2628761
 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) ► 1800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 47
(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)
Garrett B. Hunter

Mailing Address 150 Tamarack Dr

City State Zip Code
East Greenwich RI 02818-2204

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

Name of Employer Business Development Co. of RI Occupation President

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630101

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)
V. Duncan Johnson

Mailing Address 102 Williams St

City State Zip Code
Providence RI 02906-1031

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

Name of Employer Edwards & Angell Occupation Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630132

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)
Todd Kannegieter

Mailing Address 782 Pope Dr

City State Zip Code
Erie CO 80516-6536

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

Name of Employer Circadence Corporation Occupation Vice President

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2008

Transaction ID: C2630574

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional) ► **410.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47
(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)
Todd Kannegieter

Mailing Address 782 Pope Dr

City Erie State CO Zip Code 80516-6536

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

Name of Employer Circadence Corporation Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 410.00

Date of Receipt 09 / 17 / 2008
Transaction ID: C2630216
 Amount of Each Receipt this Period 150.00

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

B. Full Name (Last, First, Middle Initial)
Kelli Karli

Mailing Address PO BOX 4234

City Eagle State CO Zip Code 81631

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

Name of Employer Gemini Event Planning Occupation Coordinator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2008
Transaction ID: C2630211
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Leo V. Marshall

Mailing Address PO Box 327
2018 Main Road

City Westport Point State MA Zip Code 02791-0327

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

Name of Employer J.L. Marshall & Sons Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2008
Transaction ID: C2630135
 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) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 47
(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) Michael Moniz		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
Mailing Address 433 Canyonside Dr		Transaction ID: C2630222
City Boulder	State CO	Zip Code 80302-9740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Circadence Corp.	Occupation President and CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

B.

Full Name (Last, First, Middle Initial) Francis J. O'Brien		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
Mailing Address 89 Ship St		Transaction ID: C2628757
City Providence	State RI	Zip Code 02903-4218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer The Hudson Companies	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

C.

Full Name (Last, First, Middle Initial) Peter Christian Olivo		Date of Receipt MM / DD / YYYY 09 / 17 / 2008
Mailing Address 1615 7th St		Transaction ID: C2630219
City Boulder	State CO	Zip Code 80302-5906
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Circadence Corporation	Occupation General Counsel	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

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)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Langevin for Congress

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

Mailing Address 2 Land N Sea Dr

City State Zip Code
Wakefield RI 02879-6346

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2008

Transaction ID: C2629576

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)
Paul Roy

Mailing Address 39 Bakewell Ct

City State Zip Code
Cranston RI 02921-2412

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

Name of Employer Occupation
AON RISK SERVICE Information Requested

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630162

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)
John T. Ruggieri

Mailing Address 3 Lewis St

City State Zip Code
Barrington RI 02806-4726

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

Name of Employer Occupation
Gilbane Company Senior VP

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2008

Transaction ID: C2630144

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) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 16 / 47
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 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)
Michael A. Saltman

Mailing Address 2295 Renaissance Dr
Ste A

City Las Vegas State NV Zip Code 89119-6171

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

Name of Employer The Vista Group Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2008
Transaction ID: C2628698
 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)
Norman J. Singer

Mailing Address 885 S Garfield St

City Denver State CO Zip Code 80209-5003

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

Name of Employer Self-employed Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2008
Transaction ID: C2630252
 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)
Robert F. Thomson

Mailing Address 4751 Gulf Shore Blvd. North #1006

City Naples State FL Zip Code 34103-2626

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

Name of Employer Tender Hearts Early Learning Ctr. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2008
Transaction ID: C2629132
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 47
(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) John Tober		Date of Receipt MM / DD / YYYY 09 / 15 / 2008
Mailing Address 100 SE 2nd St Ste 2800		Transaction ID: C2628765
City Miami	State FL	Zip Code 33131-2124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Boies Schiller Flexner LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

B.

Full Name (Last, First, Middle Initial) John T. Walsh, Jr.		Date of Receipt MM / DD / YYYY 09 / 29 / 2008
Mailing Address 139 Smoke Ridge Dr		Transaction ID: C2630143
City North Kingstown	State RI	Zip Code 02852-1516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Higgins, Cavanaugh & Cooney	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Mark Weiner		Date of Receipt MM / DD / YYYY 09 / 09 / 2008
Mailing Address 140 Fox Run		Transaction ID: C2630590
City East Greenwich	State RI	Zip Code 02818-5100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Financial Innovations	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

SUBTOTAL of Receipts This Page (optional)	3600.00
TOTAL This Period (last page this line number only)	19610.00

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Langevin for Congress

A. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 Massachusetts Ave. NW
8th Floor

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2630009

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)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

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
09 / 15 / 2008

Transaction ID: C2629798

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Ave NW

City State Zip Code
Washington DC 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2008

Transaction ID: C2629749

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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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)
AMERICAN NURSES' ASSOCIATION PAC (ANA-PAC) (FKA N-
Mailing Address 8515 Georgia Ave
Suite 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: C2629963

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE
Mailing Address 9312 Old Georgetown Rd

City State Zip Code
Bethesda MD 20814-1698

FEC ID number of contributing federal political committee. **C** C00008839

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
09 / 15 / 2008

Transaction ID: C2629940

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)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)
Mailing Address 175 E. Houston Street
Room 7-A-50

City State Zip Code
San Antonio TX 78205

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: C2629784

Amount of Each Receipt this Period
5000.00

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

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

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

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

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 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)
AVAYA

Mailing Address 1212 New York Avenue NW
Suite 1212

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00363382

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 09 / 25 / 2008
Transaction ID: C2630032
 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)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2305

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 09 / 24 / 2008
Transaction ID: C2630016
 Amount of Each Receipt this Period 1500.00

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

C. Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2305

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 09 / 26 / 2008
Transaction ID: C2630014
 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) ► 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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 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)
BRADY VOTER EDUCATION FUND

Mailing Address 1225 Eye St. NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00113449

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 25 / 2008
Transaction ID: C2629968
 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)
DELOITTE AND TOUCHE LLP FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 365

City WASHINGTON State DC Zip Code 20044

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C2630091
 Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUC

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001-2130

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 26 / 2008
Transaction ID: C2629781
 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) ▶ **7250.00**

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

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

Use separate schedule(s)
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 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)
EDS POLITICAL ACTION COMMITTEE

Mailing Address 1331 Pennsylvania Ave NW
Ste 1300

City State Zip Code
Washington DC 20004-1741

FEC ID number of contributing federal political committee. **C** C00111658

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	9	/	2	5	/	2	0	0	8

Transaction ID: C2630045

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)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S Grand Ave

City State Zip Code
Los Angeles CA 90071-2665

FEC ID number of contributing federal political committee. **C** C00088591

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	9	/	2	6	/	2	0	0	8

Transaction ID: C2629970

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)
FMR CORP. POLITICAL ACTION COMMITTEE

Mailing Address 82 Devonshire Street F5E

City State Zip Code
Boston MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

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	9	/	2	9	/	2	0	0	8

Transaction ID: C2630169

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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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)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 15 / 2008
Transaction ID: C2629942
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)
HUMAN RIGHTS CAMPAIGN FUND POLITICAL ACTION COMMITTEE

Mailing Address 919 18th St NW
Ste 800

City Washington State DC Zip Code 20006-5509

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 15 / 2008
Transaction ID: C2629818
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)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 09 / 24 / 2008
Transaction ID: C2629965
Amount of Each Receipt this Period: 2000.00

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

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 47
	<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) INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND		Date of Receipt
	Mailing Address 753 State Ave Ste 565		<input type="checkbox"/> 09 / <input type="checkbox"/> 16 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Kansas City	KS	66101-2511
	FEC ID number of contributing federal political committee.		Transaction ID: C2629752
	C C00005157		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="checkbox"/> 1000.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION		Date of Receipt
	Mailing Address 1 Madison Ave		<input type="checkbox"/> 09 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2008
	City	State	Zip Code
	New York	NY	10010-3604
	FEC ID number of contributing federal political committee.		Transaction ID: C2629815
	C C00040923		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="checkbox"/> 2500.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> 3500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE - PAC		Date of Receipt
	Mailing Address 10 G St NE Ste 600		<input type="checkbox"/> 09 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20002-4253
	FEC ID number of contributing federal political committee.		Transaction ID: C2629771
	C C00172296		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="checkbox"/> 1000.00
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="checkbox"/> 4500.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 47
(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)
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 N. Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

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
09 / 22 / 2008

Transaction ID: C2630005

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2008

Transaction ID: C2629954

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
SAIC VOLUNTARY POLITICAL ACTION COMMITTEE

Mailing Address 10260 Campus Point Drive
MS: F2

City State Zip Code
San Diego CA 92121

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: C2628735

Amount of Each Receipt this Period
4000.00

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

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 47
(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)
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS IN

Mailing Address 5201 Auth Way

City State Zip Code
Camp Springs MD 20746-4211

FEC ID number of contributing federal political committee. **C** C00004325

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
09 / 15 / 2008

Transaction ID: C2629783

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)
SI INTERNATIONAL

Mailing Address 12012 Sunset Hills Road - Suite 80

City State Zip Code
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00402669

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
09 / 25 / 2008

Transaction ID: C2630062

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 2nd St

City State Zip Code
San Francisco CA 94105-3453

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C2630625

Amount of Each Receipt this Period
10.00

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

* In-Kind: Website Endors-
ement

SUBTOTAL of Receipts This Page (optional) ► **3510.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 47

(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)
SRA INTERNATIONAL

Mailing Address 4300 Fair Lakes Court

City State Zip Code
Fairfax VA 22033

FEC ID number of contributing federal political committee. **C** C00393256

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
09 / 25 / 2008

Transaction ID: C2630041

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 State Zip Code
Providence RI 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 ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: C2630012

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)
U.A. POLITICAL EDUCATION COMMITTEE

Mailing Address 901 Massachusetts Ave NW

City State Zip Code
Washington DC 20001-4307

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

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
09 / 19 / 2008

Transaction ID: C2630503

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 47
(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)
UNITED BROTHERHOOD OF CARPENTERS/JOINERS OF AMER N

Mailing Address PO Box 562

City State Zip Code
Norwalk CT 06852-0562

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

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
 09 / 30 / 2008

Transaction ID: C2629773

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)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	64260.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 47	
	(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) HILLARY CLINTON FOR PRESIDENT		Date of Receipt																					
Mailing Address PO Box 101436		<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>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	6		2	0	0	8														
City State Zip Code Arlington VA 22210		Transaction ID: C2629949																					
FEC ID number of contributing federal political committee. C C00431569		Amount of Each Receipt this Period 2000.00																					
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
Election Cycle-to-Date ▼ 2000.00																							

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Aldrich Mansion

Mailing Address 836 Warwick Neck Ave

City Warwick State RI Zip Code 02889-6531

Purpose of Disbursement
Rental of Hall/Room

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172605
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

750.00

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

B.

Full Name (Last, First, Middle Initial)
City of Warwick

Mailing Address 3275 Post Rd

City Warwick State RI Zip Code 02886-7145

Purpose of Disbursement
Tax: Property

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172606
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

168.97

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

C.

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
Communications: Internet

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D172630
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	8

Amount of Each Disbursement this Period

118.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1036.97

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Langevin for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Roland Daigle</p> <p>Mailing Address 236 Read Ave</p> <p>City Coventry State RI Zip Code 02816-7542</p> <p>Purpose of Disbursement Personnel: Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172661</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 164.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Roland Daigle</p> <p>Mailing Address 236 Read Ave</p> <p>City Coventry State RI Zip Code 02816-7542</p> <p>Purpose of Disbursement Personnel: Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172662</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 440.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) e-onlinedata services</p> <p>Mailing Address 4026 Northhampton Dr</p> <p>City Powell State OH Zip Code 43065-8445</p> <p>Purpose of Disbursement Credit Card Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172633</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 119.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

724.87

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) Institute For Labor Studies And Research	Transaction ID: D172610 Date of Disbursement 08 / 29 / 2008
	Mailing Address 99 Bald Hill Rd	Amount of Each Disbursement this Period 250.00
	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 Donation 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) ▼

B.	Full Name (Last, First, Middle Initial) Knight Street Holdings	Transaction ID: D172634 Date of Disbursement 09 / 10 / 2008
	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 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) ▼

C.	Full Name (Last, First, Middle Initial) Seth Mellor	Transaction ID: D172603 Date of Disbursement 08 / 28 / 2008
	Mailing Address 68 Fairfield Dr	Amount of Each Disbursement this Period 52.28
	City North Kingstown State RI Zip Code 02852-1952	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) ▼

SUBTOTAL of Disbursements This Page (optional)	952.28
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

<p>A. Full Name (Last, First, Middle Initial) Seth Mellor</p> <p>Mailing Address 68 Fairfield Dr</p> <p>City North Kingstown State RI Zip Code 02852-1952</p> <p>Purpose of Disbursement Personnel: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172655 Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 372.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Seth Mellor</p> <p>Mailing Address 68 Fairfield Dr</p> <p>City North Kingstown State RI Zip Code 02852-1952</p> <p>Purpose of Disbursement Personnel: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172657 Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 347.51</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) New World Lease Funding</p> <p>Mailing Address 1979 Marcus Ave Suite 232</p> <p>City New Hyde Park State NY Zip Code 11042</p> <p>Purpose of Disbursement Auto Leasing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172624 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 875.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1595.32

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 501 Wampanoag Trail</p> <p>City Riverside State RI Zip Code 02915</p> <p>Purpose of Disbursement Personnel: Payroll service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172640</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 176.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 501 Wampanoag Trail</p> <p>City Riverside State RI Zip Code 02915</p> <p>Purpose of Disbursement Payroll taxes: Federal and state</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172642</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 884.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 501 Wampanoag Trail</p> <p>City Riverside State RI Zip Code 02915</p> <p>Purpose of Disbursement Payroll taxes: Federal and state</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172643</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1142.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2203.27

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

<p>A. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 501 Wampanoag Trail</p> <p>City Riverside State RI Zip Code 02915</p> <p>Purpose of Disbursement Payroll taxes: Workers' comp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172644 Date of Disbursement: 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 19.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address 501 Wampanoag Trail</p> <p>City Riverside State RI Zip Code 02915</p> <p>Purpose of Disbursement Payroll taxes: Workers' comp</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172646 Date of Disbursement: 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 16.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Kaitlin Petronelli</p> <p>Mailing Address 196 Ide Rd</p> <p>City North Scituate State RI Zip Code 02857-1024</p> <p>Purpose of Disbursement Personnel: Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172658 Date of Disbursement: 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 347.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

384.13

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kaitlin Petronelli</p> <p>Mailing Address 196 Ide Rd</p> <p>City North Scituate State RI Zip Code 02857-1024</p> <p>Purpose of Disbursement Personnel: Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172659</p> <p>Date of Disbursement 09 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 44.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 25 Pace Blvd</p> <p>City Warwick State RI Zip Code 02886-4244</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172618</p> <p>Date of Disbursement 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 58.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Save the Bay</p> <p>Mailing Address 100 Save The Bay Dr</p> <p>City Providence State RI Zip Code 02905-5606</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172612</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

352.77

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

A.	Full Name (Last, First, Middle Initial) Sutton Plaza Apartments Mailing Address 1230 13th St NW City Washington State DC Zip Code 20005 Purpose of Disbursement Travel - Lodging 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: D172604 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8 Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Target Point Media Mailing Address 3561 NW 126th Ave. City Coral Springs State FL Zip Code 33065 Purpose of Disbursement Printing / Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D172611 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) UFCW Local 328 Mailing Address 278 Silver Spring St. City Providence State RI Zip Code 02904 Purpose of Disbursement Donation 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: D172608 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8 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

SUBTOTAL of Disbursements This Page (optional)	1275.00
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 399 Bald Hill Rd</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Communications: Cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172628</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 381.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 399 Bald Hill Rd</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Communications: Cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172649</p> <p>Date of Disbursement 09 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 125.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 28007</p> <p>City Lehigh Valley State PA Zip Code 18002-8007</p> <p>Purpose of Disbursement Communications: Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172636</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 247.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

754.10

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)

<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)
Marshall Votta

Mailing Address PO Box 8378

City Warwick State RI Zip Code 02888-0378

Purpose of Disbursement
Personnel: Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D172653
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

1229.57

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

B.

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

Mailing Address PO Box 8378

City Warwick State RI Zip Code 02888-0378

Purpose of Disbursement
Personnel: Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D172654
Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

1229.57

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

C.

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Creditcard Payments

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D172627
Date of Disbursement

09 / 02 / 2008

Amount of Each Disbursement this Period

5199.69

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

SUBTOTAL of Disbursements This Page (optional)

7658.83

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

<p>A. Full Name (Last, First, Middle Initial) Hole in One International</p> <p>Mailing Address 6195 Ridgeview Ct Ste A</p> <p>City Reno State NV Zip Code 89519-6341</p> <p>Purpose of Disbursement Credit Card Payment - Reception supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172674 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 263.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) NGP Software</p> <p>Mailing Address 5520 Connecticut Ave NW # 203</p> <p>City Washington State DC Zip Code 20015</p> <p>Purpose of Disbursement Credit Card Payments - Fundraising Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172678 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Ruth's Chris Steak House</p> <p>Mailing Address 1801 Connecticut Avenue NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Creditcard Payments - Food/Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D172668 Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 297.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

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

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

Use separate schedule(s)
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) Southwest Airlines	Transaction ID: D172670 Date of Disbursement 09 / 02 / 2008
	Mailing Address 2425 Wyman St	Amount of Each Disbursement this Period 779.50
	City Dallas State TX Zip Code 75235-2501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Credit Card Payment - 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) SpecialtyGolfBalls.com	Transaction ID: D172672 Date of Disbursement 09 / 02 / 2008
	Mailing Address 7700 N. Military Trail	Amount of Each Disbursement this Period 1715.67
	City Palm Beach Gardens State FL Zip Code 33410	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Credit Card Payments - Reception 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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D172673 Date of Disbursement 09 / 02 / 2008
	Mailing Address 399 Bald Hill Rd	Amount of Each Disbursement this Period 383.01
	City Warwick State RI Zip Code 02886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Credit Card Payment - Cell phone	
	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)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 47

<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) Capital One <hr/> Mailing Address PO Box 30285 <hr/> City Salt Lake City State UT Zip Code 84130-0285 <hr/> Purpose of Disbursement Creditcard Payments Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: D172629 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 193.26
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	(Empty box for additional information)
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Creditcard Payments Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: D172663 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 184.95
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	(Empty box for additional information)

SUBTOTAL of Disbursements This Page (optional) ►

378.21

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

17315.75

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Langevin for Congress

A.

Full Name (Last, First, Middle Initial)
HILLPAC

Mailing Address 1133 Connecticut Avenue, N.W.
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contribution

Candidate Name
HILLPAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D172615
Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

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

<p>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Money's Worth</p>	<p>Nature of Debt (Purpose): Phone bank expense</p>
<p>Mailing Address 815 Reservoir Ave</p>	
<p>City State ZIP Code Cranston RI 02910-4442</p>	

<p>Outstanding Balance Beginning This Period 1222.34</p>	<p>Transaction ID: D51</p>	
<p>Amount Incurred This Period 0.00</p>	<p>Payment This Period 0.00</p>	<p>Outstanding Balance at Close of This Period 1222.34</p>

<p>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Money's Worth</p>	<p>Nature of Debt (Purpose): Phone bank</p>
<p>Mailing Address 815 Reservoir Ave</p>	
<p>City State ZIP Code Cranston RI 02910-4442</p>	

<p>Outstanding Balance Beginning This Period 800.00</p>	<p>Transaction ID: D615</p>	
<p>Amount Incurred This Period 0.00</p>	<p>Payment This Period 0.00</p>	<p>Outstanding Balance at Close of This Period 800.00</p>

<p>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Money's Worth</p>	<p>Nature of Debt (Purpose): Phone bank</p>
<p>Mailing Address 815 Reservoir Ave</p>	
<p>City State ZIP Code Cranston RI 02910-4442</p>	

<p>Outstanding Balance Beginning This Period 800.00</p>	<p>Transaction ID: D715</p>	
<p>Amount Incurred This Period 0.00</p>	<p>Payment This Period 0.00</p>	<p>Outstanding Balance at Close of This Period 800.00</p>

<p>1) SUBTOTALS This Period This Page (optional).....</p>	<p>2822.34</p>
<p>2) TOTALS This Period (last page this line number only).....</p>	
<p>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....</p>	
<p>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</p>	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 45 / 47
	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 R Paolino, JR.	Nature of Debt (Purpose): 2 months rent for Provide- nce office
Mailing Address 76 Dorrance St.	
City State ZIP Code Providence RI 02903	

Outstanding Balance Beginning This Period 400.00	Transaction ID: D50	
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 R Paolino, JR.	Nature of Debt (Purpose): 2 months rent for Provide- nce office
Mailing Address 76 Dorrance St.	
City State ZIP Code Providence RI 02903	

Outstanding Balance Beginning This Period 400.00	Transaction ID: D613	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

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

Outstanding Balance Beginning This Period 200.00	Transaction ID: D716	
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).....	▶	1000.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL 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 46 / 47	
	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 R Paolino, JR.			Nature of Debt (Purpose): 1 month rent for Providence office
Mailing Address 76 Dorrance St.			
City Providence	State RI	ZIP Code 02903	

Outstanding Balance Beginning This Period		Transaction ID: D779	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	200.00	

1) SUBTOTALS This Period This Page (optional).....	200.00
2) TOTALS This Period (last page this line number only).....	4022.34
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	4022.34

Image# 28992926227

Form/Schedule: **F3A**

Updates employer information (R. Thomson)

Transaction ID:

Form/Schedule: **SA11C**

Contribution in excess of limits - refund is made on forthcoming Pre-General Report.

Transaction ID: **C2629773**
