

# **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 14 OF 198

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

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

NAME OF COMMITTEE (In Full)  
Cicilline Committee

**A.** Full Name (Last, First, Middle Initial)  
Dulgarian, Kenneth, R., ,

Mailing Address 336 Olney St

City Providence	State RI	Zip Code 02906-2318
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Ken Dulgarian Real Estate	Occupation Self-employed
---	-----------------------------

Receipt For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 08 2017

Transaction ID : C10320891

Amount of Each Receipt this Period

500.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Egan, John, , ,

Mailing Address PO Box 678

City Newport	State RI	Zip Code 02840-0678
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 11 2017

Transaction ID : C10320911

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Spero, Brian, J., , Esq.

Mailing Address 30 Greystone Ter

City Portsmouth	State RI	Zip Code 02871-2501
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer Beacon Mutual Insurance Company	Occupation Attorney
---	------------------------

Receipt For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 28 2017

Transaction ID : C10332081

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00